

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90004 008 ***550.00

DOCUMENT # P00000049949			
1. Entity Name GOLDEN HEALTH CARE CORPORATION			
Principal Place of Business 42 N.W. 27TH AVENUE SUITE 305 MIAMI, FL 33125		Mailing Address 42 N.W. 27TH AVENUE SUITE 305 MIAMI, FL 33125	
2. Principal Place of Business 1455 SW 27 AVE		3. Mailing Address 1455 S.W. 27 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33145		Zip 33145	
Country US		Country US	
6. Name and Address of Current Registered Agent MESA, JESUS 5901 S.W. 148 AVE. MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		4. FEI Number 65-1009747	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MESA, JESUS	TITLE	NAME
STREET ADDRESS 5901 S.W. 148 AVE.	CITY-ST-ZIP MIAMI, FL 33193	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		6/8/04 (305) 541-5945	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	