

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039896

FILED
Mar 24, 2009
Secretary of State

Entity Name: GOLDEN YEARS HOME CARE, INC.

Current Principal Place of Business:

6001 N.W. 153 STREET
SUITE 202
MIAMI LAKES, FL 33014

New Principal Place of Business:

14411 COMMERCE WAY
SUITE 405
MIAMI LAKES, FL 33016

Current Mailing Address:

6001 NW 153 STREET
SUITE 202
MIAMI LAKES, FL 33014

New Mailing Address:

14411 COMMERCE WAY
SUITE 405
MIAMI LAKES, FL 33016

FEI Number: 82-0540476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, MARIA
6001 NW 153 STREET
SUITE 202
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

VALDES, MARIA
14411 COMMERCE WAY
SUITE 405
MIAMI LAKES, FL 33016 US

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.

SIGNATURE:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: VALDES, MARIA
Address: 6001 NW 153 STREET SUITE 202
City-St-Zip: MIAMI LAKES, FL 33014

Title: VSD () Delete
Name: VALDES, ROSA
Address: 6001 NW 153 STREET
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: VALDES, MARIA
Address: 14411 COMMERCE WAY SUITE 405
City-St-Zip: MIAMI LAKES, FL 33016

Title: VSD (X) Change () Addition
Name: VALDES, ROSA
Address: 14411 COMMERCE WAY SUITE 405
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA VALDES

PTD

03/24/2009

Electronic Signature of Signing Officer or Director

Date