

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000065774

**FILED**  
**Nov 08, 2007**  
**Secretary of State**

**Entity Name:** GOLDEN PARADISE ADULT CARE, INC

**Current Principal Place of Business:**

821 SW 89 TERRACE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

821 SW 89 TERRACE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 26-1348582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTERS, SHERRINE L  
821 SW 89 TERRACE  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALTERS, SHERRINE  
Address: 821 SW 89 TERRACE  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: KING, JAVIER  
Address: 821 SW 89 TERRACE  
City-St-Zip: PLANTATION, FL 33324

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: SHERRINE WALTERS

P

11/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date