
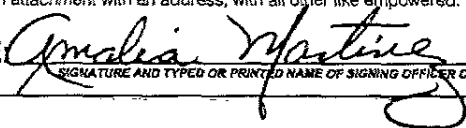


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000114354 1. Entity Name MOTHER'S GOLDEN YEARS INC		
Principal Place of Business 5454 SW 145 AVE MIAMI, FL 33175	Mailing Address 5454 SW 145 AVE MIAMI, FL 33175	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARTINEZ, AMALIA 5454 SW 145 AVE MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE
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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000628523 02/16/07-80017-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, AMALIA 5454 SW 145 AVE MIAMI, FL 33175	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVARRO, YANEYA 3220 NW 97 STREET MIAMI, FL 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/30/07 Date Daytime Phone #



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0526015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000628523
02/16/07-80017-017 150.00

000000628523
02/16/07-80017-018 8.75