

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90294 002 ***158.75

DOCUMENT # P04000132578

1. Entity Name

GOLDEN AGE NURSING REGISTRY, INC.



Principal Place of Business

15291 NW 60TH AVE., SUITE 105
MIAMI LAKES FL 33014

Mailing Address

15291 NW 60TH AVE., SUITE 105
MIAMI LAKES FL 33014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

42-1645057

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ARACELY OWNER
15315 NW 60 AVE
SUITE D
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name GONZALEZ ARACELY (OWNER)

Street Address (P.O. Box Number is Not Acceptable)

15291 NW 60TH AVE SUITE 105

City MIAMI LAKES

FL

Zip Code 33014

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

Gonzalez Aracely (owner) AS

3/31/2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, ARACELY	
STREET ADDRESS	15291 NW 60TH AVE., SUITE 105	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POITIER, OVELYN	
STREET ADDRESS	15291 NW 60TH AVE., SUITE 105	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Aracely Gonzalez AS

3/31/2005 786 306 835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #