2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# P05000142993

Entity Name: GOLDEN HOME HEALTH CARE,INC.

Current Principal Place of Business:

12075 SW 131 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12075 SW 131 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 20-3652643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAINADINE, IBRAIMO G
3845 SW 154 CT
MIAMI, FL 33185 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZAINADINE, IBRAIMO G
Address: 3845 SW 154 CT
City-St-Zip: MIAMI, FL 33185 US

Title: VP ( ) Delete
Name: MONTANEZ, ANA C
Address: 3845 SW 154 CT
City-St-Zip: MIAMI, FL 33185 US

Title: D ( ) Delete
Name: FAQUIR, AISSEL
Address: 3845 SW 154 CT
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete
Name: DOMINGUEZ, LUIS
Address: 3845 SW 154 CT
City-St-Zip: MIAMI, FL 33185 US

Title: T ( ) Delete
Name: LEON, IRMA
Address: 3845 SW 154 CT
City-St-Zip: MIAMI, FL 33185 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: DOMINGUEZ, LUIS
Address: 6380 SW 18 ST
City-St-Zip: MIAMI, FL 33155 US

Title: T (X) Change ( ) Addition
Name: LEON, IRMA
Address: 490 NE 2 AVE . APT 908
City-St-Zip: MIAMI, FL 33132 US

I hereby certify that the information supplied with this filing does not qualify for the 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: IBRAIMO GULAMO ZAINADINE P 04/18/2006

Electronic Signature of Signing Officer or Director Date