

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142993

FILED
Apr 30, 2009
Secretary of State

Entity Name: GOLDEN HOME HEALTH CARE, INC.

Current Principal Place of Business:

14331 SW 120 ST
SUITE # 211/212
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

14331 SW 120 ST
SUITE # 211
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 20-3652643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAINADINE, IBRAIMO G
14331 SW 120 ST
SUITE # 211
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

ZAINADINE, IBRAIMO G
14331 SW 120 ST
SUITE # 211
MIAMI, FL 33186 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:

04/30/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: IBRAIMO G ZAINADINE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date