2004 FOR PROFIT CORPORATION

ANNUAL REPORT 06-09-2004 90003 007 ***150.00 DOCUMENT # P93000085116 GOLDEN AGE HOME CARE, INC. Principal Place of Business Mailing Address 2750 WEST 68 ST. 2750 WEST 68 ST. 222 222 HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05242004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-0460885 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIRINO, LUIS F Street Address (P.O. Box Number-is Not Acceptable) 7851 NW 160 TERRACE HIALEAH, FL 33016 Zip Code .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. Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TITLE Delete ■ Addition CHIRINO, LUIS NAME NAME 7851 NW 160TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL, 33016 CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition

12. Thereby certify that the information supplied with this filling 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 trustry 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 explowered: with all other like en

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

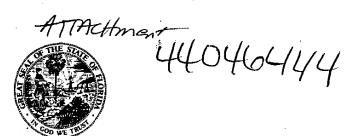
NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 09, 2004 8:00 am Secretary of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2004

GOLDEN AGE HOME CARE, INC. 2750 WEST 68 ST. 222 HIALEAH, FL 33016 US

SUBJECT: GOLDEN AGE HOME CARE, INC.

Ref. Number: P93000085116

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton Document Specialist

Letter Number: 404A00036801