

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-09-2004 90003 006 ***150.00

DOCUMENT # P94000031273 1. Entity Name GOLDEN AGE MEDICAL SUPPLY, INC.					
Principal Place of Business 2750 W. 68ST #222 HIALEAH, FL 33016			Mailing Address 2750 W. 68ST #222 HIALEAH, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0480938	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIRINO, YOLANDA 7851 NW 160 TERRACE HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIRINO, YOLANDA 1490 W. 49TH PL., SUITE 216B HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Yolanda Chirino</i>			06-03-04 (305) 827-9444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 26, 2004

GOLDEN AGE MEDICAL SUPPLY, INC.
2750 W. 68ST
#222
HIALEAH, FL 33016

SUBJECT: GOLDEN AGE MEDICAL SUPPLY, INC.
Ref. Number: P94000031273

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: 404A00036803