


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000101244	
1. Entity Name GOLDENCARE OF WELLINGTON, INC.	

Principal Place of Business 15752 YARMOUTH DR APT B WEST PALM BEACH, FL 33414	Mailing Address 13752 YARMOUTH DRIVE APT B WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE

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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0880563	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAICA, ALEXANDRU F
13752 YARMOUTH DRIVE
APT B
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAICA, ALEXANDRU 13752 YARMOUTH DR, APT B WELLINGTON, FL 33414
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alex Braica **ALEXANDRU BRAICA** **JAN. 15. 2005** (561) 798-0944