


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90026 001 ***150.00
02-06-2007 90026 002 *****8.75

DOCUMENT # P98000101244 1. Entity Name GOLDENCARE OF WELLINGTON, INC.			
Principal Place of Business 13752 YARMOUTH DR APT B APT B WEST PALM BEACH FL 33414		Mailing Address 13752 YARMOUTH DRIVE APT B WELLINGTON FL 33414	
2. Principal Place of Business - No P.O. Box # 13752 YARMOUTH DR.		3. Mailing Address 13752 YARMOUTH DR.	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B	
City & State WELLINGTON FL.		City & State WELLINGTON FL	
Zip 33414	Country P.B.C.	Zip 33414	Country W.P.B.
6. Name and Address of Current Registered Agent BRAICA, ALEXANDRU F 13752 YARMOUTH DRIVE APT B WELLINGTON FL 33414		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 <u>Alex Braica / OWNER.</u> DATE <u>JANUARY.29.07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P BRAICA, ALEXANDRU 13752 YARMOUTH DR, APT B WELLINGTON FL 33414 <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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. JANUARY.29.07 (561)798-0944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #