

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90149 019 ***150.00

DOCUMENT # P99000017623

1. Entity Name
GOOD START CORPORATION



Principal Place of Business
**991 S W 71ST AVENUE
NORTH LAUDERDALE, FL 33068**

Mailing Address
**991 S W 71ST AVENUE
NORTH LAUDERDALE, FL 33068**

24069232



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0921900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUESADA, FABIAN
991 S W 71ST AVENUE
NORTH LAUDERDALE, FL 33068**

Name **JUAN M. CADELLIER**
Street Address (P.O. Box Number is Not Acceptable) **991 SW 71ST AVENUE SUITE 42**
City **NORTH LAUDERDALE** FL Zip Code **33068**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **QUESADA, FABIAN**
STREET ADDRESS **991 S W 71ST AVE**
CITY-ST-ZIP **N LAUDERDALE, FL 33068**

TITLE **PRES** ☐ Change ☒ Addition
NAME **RAFAEL G. QUESADA**
STREET ADDRESS **991 SW 71ST AVENUE**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

RAFAEL G. QUESADA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 (954) 720-8473
Date Daytime Phone #