

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000070656

**Entity Name:** GOLDEN NUTRITION INC

**Current Principal Place of Business:**

C/O LUIS F. MEDINA  
13461 NW 47 AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

C/O LUIS F. MEDINA  
1710 SW 87 AVE  
MIRAMAR, FL 33025 US

**FEI Number:** 35-2453201

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IGLESIAS, MARISELA  
1761 SW 11TH STREET  
MIAMI, FL 33135 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name MEDINA, LUIS F  
Address C/O  
2373 W. 74TH STREET 104  
City-State-Zip: HIALEAH FL 33016

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS F MEDINA

PSTD

04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date