

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047632

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** GOAL, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1222328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MASSACESSI, PEDRO  
Address: DR. CAVIGLIA 1260 WILDE, PROVINCIA DE BUEN  
City-St-Zip: C.P. 1875, ARGENTINA, XX

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MASSACESSI, PEDRO  
Address: DR. CAVIGLIA 1260 WILDE, PROVINCIA DE BUEN  
City-St-Zip: C.P. 1875, ARGENTINA, XX XX XX

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PEDRO MASSACESSI

MGRM

01/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date