

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047632

FILED  
Feb 02, 2011  
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  
Name: MASSACCESSI, PEDRO  
Address: DR. CAVIGLIA 1260 WILDE  
City-St-Zip: BUENOS AIRES, C.P. 1875, XX ARGENTINA XX

Title: MGRM  
Name: BASTEIRO, ELEONORA F  
Address: DR. CAVIGLIA 1260 WILDE  
City-St-Zip: BUENOS AIRES, C.P. 1875, XX ARGENTINA XX

I hereby 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 MASSACCESSI

MGRM

02/02/2011

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