


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90042 019 ***150.00

DOCUMENT # P04000059861

1. Entity Name
G.O. INVESTMENT GROUP & ASSOCIATES INC.




Principal Place of Business Mailing Address
10745 SW 55 ST **10745 SW 55 ST**
MIAMI, FL 33165 **MIAMI, FL 33165**

2. Principal Place of Business 3. Mailing Address
3825 S Le Jeune Rd **3825 S Le Jeune Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coconut Grove, FL **Coconut Grove, FL**
 Zip Country Zip Country
33146 **33146** **33146** **33146**

ADUUBU



01192006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
86-1104562 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OROSA, DERRICK
10745 SW 55 ST
MIAMI, FL 33165

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3825 S Le Jeune Rd
 City State Zip Code
Coconut Grove FL 33146

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 *Derrick Orosa* **President** DATE **1/19/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OROSA, DERRICK	
STREET ADDRESS	10745 SW 55 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, NELSON	
STREET ADDRESS	16444 SW 66 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Derrick Orosa* **Derrick Orosa** DATE **1/19/06** DAYTIME PHONE # **(786) 586-8641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #