

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000052197

Entity Name: GOIS BROTHERS INC**Current Principal Place of Business:**5000 LONGMEADOW PARK ST
ORLANDO, FL 32811**Current Mailing Address:**5000 LONGMEADOW PARK ST
ORLANDO, FL 32811**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVA DE GOIS, NERTAN
5000 LONGMEADOW PARK ST
ORLANDO, FL 32811 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	D
Name	SILVA DE GOIS, NERTAN
Address	5000 LONGMEADOW PARK ST
City-State-Zip:	ORLANDO FL 32811

Title	D
Name	SILVA DE GOIS, NEREU
Address	5000 LONGMEADOW PARK ST
City-State-Zip:	ORLANDO FL 32811

Title	D
Name	SILVA DE GOIS, NILVAN
Address	5000 LONGMEADOW PARK ST
City-State-Zip:	ORLANDO FL 32811

Title	D
Name	SILVA DE GOES, NILCIVAN
Address	5000 LONGMEADOW PARK ST
City-State-Zip:	ORLANDO FL 32811

Title	D
Name	SILVA DE GOIS, NATAN
Address	5000 LONGMEADOW PARK ST
City-State-Zip:	ORLANDO FL 32811

Title	D
Name	SILVA DE GOIS CORDEI, NEREIDE
Address	5000 LONGMEADOW PARK ST
City-State-Zip:	ORLANDO FL 32811

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: NILVAN SILVA DE GOIS**MR****04/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date