2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855874

Title:

Name:

Address:

City-St-Zip:

Entity Name: G.O.C.A. INVESTMENTS CORPORATION

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
% RAMON MIYAR 2588 S.W. 27 AVE. MIAMI, FL 33133				% A & E GARCIA, P. A. 2121 PONCE DE LEON, STE.1050 CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
% RAMON MIYAR 2588 S.W. 27 AVE. MIAMI, FL 33133			%A & E GARCIA, P. A. 2121 PONCE DE LEON, STE.1050 CORAL GABLES, FL 33134			
FEI Number:	98-0067647	FEI Number Applied For ()	FEI Nun	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:		
MIYAR, RAMON 2588 S.W. 27 AVE. MIAMI, FL 33133 US			CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD. STE. 1050 CORAL GABLES, FL 33134 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: EILEEN GARCIA				01/07/2005		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DE PEREZ, ANA	, TORRE S. PISO 5, AVE PRINC		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	MIJARES, OSCA	, TORRE S. PISO 5, AVE PRINC.		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	MIJARES, CARLO	, TORRE S. PISO 5, AVE PRINC.		Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: OSCAR PEREZ MIJARES VP 01/07/2005

(X) Delete

MIJARES, GUSTAVO PER, EZ

FL. 1 #E, URDANETA AVE.

CARACAS VENEZUELA,

() Change () Addition