2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002661

City-St-Zip:

COCONUT GROVE, FL 33133

FILED Jul 18, 2005 Secretary of State

Entity Name: GO GODDESS!, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4975 SW 85TH STREET MIAMI, FL 33143				3601 MATHESON AVENUE COCONUT GROVE, FL 33133	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4975 SW 8 MIAMI, FL	35TH STREET 33143		3601 MATHESON AVE COCONUT GROVE, F		
FEI Number:	65-0718880	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
WERNER, KELLEY 4975 SW 85TH STREET MIAMI, FL 33143 US				WERNER, KELLEY 3601 MATHESON AVENUE COCONUT GROVE, FL 33133 US	
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				07/18/2005	
	Electroni	c Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () WERNER, KELL 3601 MATHESO COCONUT GRO	N AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () BERKOWITZ, E 3601 MATHESO MIAMI, FL 3313	N AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () ROBLES, RUTH	Delete	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: RUTH ROBLES **SECR** 07/18/2005