



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K12720</b>					
1. Entity Name <b>GOGACO, INC.</b>					
Principal Place of Business <b>3663 S W 8TH ST., 3RD FL MIAMI, FL 33135</b>			Mailing Address <b>3663 S W 8TH ST., 3RD FL MIAMI, FL 33135</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>65-0276274</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VALLS, FELIPE A. 3663 S W 8TH ST., 3RD FL MIAMI, FL 33135</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALLS, FELIPE A JR</b>	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	<b>3663 S W 8TH ST., 3RD FL</b>			STREET ADDRESS	<b>U00000135643</b>
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>			CITY-ST-ZIP	<b>04/28/04-80068-008 150.00</b>
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES DE NAVARRA, CARLOS</b>			NAME	
STREET ADDRESS	<b>3663 S W 8TH ST., 3RD FL</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL</b>			CITY-ST-ZIP	
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALLS, FELIPE A SR</b>			NAME	
STREET ADDRESS	<b>3663 S W 8TH ST., 3RD FL</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 or without other like empowered.					
SIGNATURE: 		<b>FELIPE A. VALLS JR</b>		305 4/22/04 446-4916	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: _____	