

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90054 032 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # K12720</b><br>1. Entity Name<br><b>GOGACO, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                     |                                                                                                                                      |  |  |
| Principal Place of Business<br><b>3663 S W 8TH ST., 3RD FL<br/>MIAMI, FL 33135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                     | Mailing Address<br><b>3663 S W 8TH ST., 3RD FL<br/>MIAMI, FL 33135</b>                                                               |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                            |                                                                                                                                      |                                                                                   |  |
| 4. FEI Number<br><b>65-0276274</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                     |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VALLS, FELIPE A.<br/>3663 S W 8TH ST., 3RD FL<br/>MIAMI, FL 33135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 transferring) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 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> |                                                                                                                                      |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>VALLS, FELIPE A JR<br>3663 S W 8TH ST., 3RD FL<br>MIAMI, FL 33135 <input type="checkbox"/> Delete  |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br>TORRES DE NAVARRA, CARLOS<br>3663 S W 8TH ST., 3RD FL<br>MIAMI, FL <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br>VALLS, FELIPE A SR<br>3663 S W 8TH ST., 3RD FL<br>MIAMI, FL 33135 <input type="checkbox"/> Delete  |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                                                                   |  |
| <b>SIGNATURE:</b> <u>Carlos Torres de Navarra</u> <b>CARLOS TORRES DE NAVARRA</b> <b>5/4/27/07</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                                                                   |  |