


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90049 002 \*\*\*550.00

<b>DOCUMENT # K61294</b> 1. Entity Name GOS INTERNATIONAL DISTRIBUTORS, INC.	
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Principal Place of Business 700-18 EAST UNION STREET JACKSONVILLE, FL 32206 US	Mailing Address 700-18 EAST UNION STREET JACKSONVILLE, FL 32206 US
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**66021931**



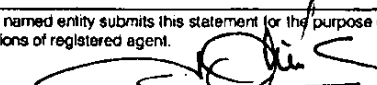
08032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2927162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  OLIVA, GONZALO C 700-18 EAST UNION STREET JACKSONVILLE, FL 32206
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**DO NOT WRITE  
IN THIS SPACE**


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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE: _____

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS OLIVA, GONZALO C 139 33TH AVE S JACKSONVILLE BCH., FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
GONZALO C. OLIVA 8/23/07 (904) 233 6854 <small>Date Daytime Phone</small>