2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2004 08:00 AM Secretary of State

Daytimu Pixone #

				secretary of State
DOCUMENT # L55695 1. Entity Name GOSA INCORPORATED				
Principal Place of Business Mailing Address				
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	.= <u>.=</u> ==			5. Certificate of Status Desired \$8.75 Additional
	<u>. – – – – – – – – – – – – – – – – – – –</u>			Fee Required
8. Name and Address of Current Registered Agent				
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ORLANDO, GOMEZ 12921 SOUTHWEST 2ND TERRACE MIAMI, FL 33184			DO NOT WRITE	
			2/22	
 The above mamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. 				
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SIGNATURE				
Signature, typed or provided name of registered agent and title it applicable. (NOTE: Registered Agent signature requision when refinitating) OATE				
EII	E NOWIII FEE IS \$150.00 9.	Election Campaign Finar	sing _ \$5.	.00 May Be
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	ed to Fees
10.	OFFICERS AND DIRECTORS	<u>-</u>	•	· · · · · · · · · · · · · · · · · · ·
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NAME	GOMEZ, ORLANDO		l	U00000050407
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12. Thereby certify that the information supplied with this tiling does not quality for the examption stated in Section 119.07(3)(6). Florida Statutes. I further certify that the information indicated on this report or sumplemental about at the and accurate and that my singulars shall have the same legal effect as if made under noth that I am are officer or director.				
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(8). Florida Statutes. I further certify that the information indicated on this report or supplemental leport is the 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 of trustee empoyeesed 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.				
changed, or on an attachment with an address, bith all attachment with an address.				

MISS BERNING OFFICER OR DIRECTOR

SIGNATURE: _