


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L57670

1. Entity Name
GOBY USA, INC.



Principal Place of Business Mailing Address
%REJEAN LAPIERRE **%REJEAN LAPIERRE**
7800 W. OAKLAND PARK BLVD., BLDG. "G" **7800 W. OAKLAND PARK BLVD., BLDG. "G"**
SUNRISE, FL 33351-6741 **SUNRISE, FL 33351-6741**



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

04142004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
65-0178802 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
7800 W. OAKLAND PARK BLVD.
BLDG. "G"
SUNRISE, FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	LAPIERRE, REJEAN	
STREET ADDRESS	7800 W OAKLAND PARK BLVD	
CITY- ST- ZIP	SUNRISE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOBEIL, PAUL	
STREET ADDRESS	1167 HILLSBORO MILES, CONDO #606	
CITY- ST- ZIP	HILLSBORO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000148435	
CITY- ST- ZIP	05/03/04-80148-004 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:  **REJEAN LAPIERRE TREASURER** 4/27/04 954-749-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #