

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 017 ***150.00

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1. Entity Name
GOPEX CORPORATION

Principal Place of Business: 800 NE 195 ST, #412 NORTH MIAMI BEACH, FL 33179 US
Mailing Address: 800 NE 195 ST, #412 NORTH MIAMI BEACH, FL 33179 US

40097010



04222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1024445 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, LUIS C
800 NE 195 ST, #412
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity submit 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, LUIS C
STREET ADDRESS	800 NE 195 ST, #412
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	SVD
NAME	GONZALEZ, LUIS A
STREET ADDRESS	800 NE 195 ST, #412
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	GONZALEZ, JAVIER A
STREET ADDRESS	300 BAYVIEW DR, #1710
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Luis Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS GONZALEZ
PRESIDENT

4/20/07 (305) 591-9877
DATE DAYTIME PHONE