2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110498

Entity Name: GOZACHA, CORPORATION

FILED Mar 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6220 S ORANGE BLOSSOM TRAIL 1970 E. OSCEOLA PKWY

STE. 175 STE 314

ORLANDO, FL 32809 US KISSIMMEE, FL 34743 US

Current Mailing Address: New Mailing Address:

6220 S ORANGE BLOSSOM TRAIL 1970 E. OSCEOLA PKWY

STE. 175 STE 314

ORLANDO, FL 32809 US KISSIMMEE, FL 34743 US

FEI Number: 59-3697383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAVES, AURORA M GONZALEZ, CARLOS H
1132 MADEIRA KEY WAY 502 VILLA DEL SOL LANE
ORLANDO, FL 32824 US STE 103

ORLANDO, FL 32824 US STE 103 ORLANDO, FL 32824 US

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.

SIGNATURE: CARLOS H GONZALEZ 03/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GONZALEZ, CARLOS H GONZALEZ, CARLOS H Name: Name: 1132 MADEIRA KEY WAY 502 VILLA DEL SOL LANE # 103 Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: P () Delete Title: P (X) Change () Addition

Name:CHAVEZ, AURORA MName:CHAVEZ, AURORA MAddress:1132 MADEIRA KEY WAYAddress:13249 JADE GARDEN DRCity-St-Zip:ORLANDO, FL 32824City-St-Zip:ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS GONZALEZ GM 03/22/2005