


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000006444

1. Filing Name
GUSSOCO CORP.



Principal Place of Business: **14350 SW 112 TERRACE MIAMI, FL 33186**

Mailing Address: **14350 SW 112 TERRACE MIAMI, FL 33186**



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **61-1403928** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ARANGO, JUAN
14350 SW 112 TERRACE
MIAMI, FL 33186

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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: _____ 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

000000108511
 04/12/04-80006-011 150.00

10. OFFICERS AND DIRECTORS

OFFICER	PD
NAME	ARANGO, GUSTAVO
HOME ADDRESS	14350 SW 112 TERRACE
CITY, ST, ZIP	MIAMI, FL 33186
OFFICER	TD
NAME	DE ARANGO, SOCORRO
HOME ADDRESS	14350 SW 112 TERRACE
CITY, ST, ZIP	MIAMI, FL 33186
OFFICER	VD
NAME	ARANGO, JAIME
HOME ADDRESS	14350 SW 112 TERRACE
CITY, ST, ZIP	MIAMI, FL 33186
OFFICER	SD
NAME	ARANGO, JUAN
HOME ADDRESS	14350 SW 112 TERRACE
CITY, ST, ZIP	MIAMI, FL 33186
OFFICER	
NAME	
HOME ADDRESS	
CITY, ST, ZIP	
OFFICER	
NAME	
HOME ADDRESS	
CITY, ST, ZIP	

DO NOT WRITE IN THIS SPACE

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 included 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 officer like empowered

SIGNATURE: Arango DATE: 4/7/04 305 5462034

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR