

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90075 019 \*\*\*150.00

0172418 AVI

**DOCUMENT # P02000024950**

1. Entity Name  
**GOCHA, CORP.**



Principal Place of Business  
**16972 NW 19 ST  
PEMBROKE PINES FL 33302-8**

Mailing Address  
**16972 NW 19 ST  
PEMBROKE PINES FL 33302-8**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>01-0617436</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ARVELO SMITTER, ALFONSO JOSE 16972 NW 19 ST PEMBROKE PINES FL 33302-8</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ARVELO SMITTER, ALFONSO JOSE</b> <b>16972 NW 19 ST</b> <b>PEMBROKE PINES FL 33302-8</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ARVELO SMITTER, ALFONSO JOSE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ARISTIGUIETA, AMERICA</b> <b>16972 NW 19 ST</b> <b>PEMBROKE PINES FL 33302-8</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** *[Signature]* **ALFONSO JOSE ARVELO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/27/03** **(954) 709 0454**  
Date Daytime Phone #

CR2E034 (10/02)