

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90148 042 ***150.00

DOCUMENT # P02000056276

1. Entity Name
GONOSO, INC.



Principal Place of Business
**11911 ROYAL PALM BLVD APT 201
CORAL SPRINGS, FL 33065**

Mailing Address
**11911 ROYAL PALM BLVD APT 201
CORAL SPRINGS, FL 33065**

40044433

2. Principal Place of Business
5709 NW 68th Terrace
Suite, Apt. #, etc.

3. Mailing Address
5709 NW 68th Terrace
Suite, Apt. #, etc.

City & State
Tamarac
Zip
33321

Country

City & State
Tamarac
Zip
33321

Country

01202006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0609357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OSORIO, ENRIQUE
11911 ROYAL PALM BLVD APT 201
CORAL SPRINGS, FL 33065**

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **D OSORIO, ENRIQUE** ☐ Delete
STREET ADDRESS **11911 ROYAL PALM BLVD APT 201**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE
NAME **D NOGUERA, MARIA** ☐ Delete
STREET ADDRESS **11911 ROYAL PALM BLVD APT 201**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **5709 NW 68th Terrace**
CITY-ST-ZIP **Tamarac 33321**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **5709 NW 68th Terrace**
CITY-ST-ZIP **Tamarac 33321**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/06