## 2005 FOR PROFIT CORPORATION

## FILED Apr 29, 2005 8:00 am

ANNOAL REFORT						Secretary of State					
DOCUMENT # P04000027671  1. Entity Name GOLETA INC.						~	04-29-2005	-			
Principal Place	of Rusiness	Mailing Address		<u> </u>							
			4808 RIDGE PT DR								
4808 RIDGE PT DR TAMPA, FL 33624		TAMPA, FL 33624									
17441117, 12 3	3024	THEN A, IL JOOLY									
							EN 1189 1914 1911 CU				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232005	Chg-P	CR2E0	34 (10/03)			
City & State		City & State				4. FEI Number	-2139389		<u> </u>	plied For t Applicable	
Žip	Country	Zip	Cour	ntry			f Status Desired		\$8.75 Add		
	6. Name and Address of Curre	ent Registered Agent		1		7. Name and /	Address of New R				
				Name	7 . 1.	. A . C					
DIAZ, OSC						John A Countryman					
4808 RIDG			Stree			ddress (P.O. Box Number is Not Acceptable) 16011 Nebraska Avenue N					
TAMPA, FL 33624				Suite 106							
				City Lutz <b>FL</b> 33549-61					6158		
8. The above	named entity submits this statemen	nt for the purpose of changing i	ts register	ed office or	register	ed agent, or both	, in the State of Fk	orida. 1 am f			
the obligation	ons of registered agent.	+									
SIGNATURE Talul Caruly John A Countryma						an	04	4/25/20	005		
Signature, typed or printed frame of registered agent and title if applicable. (NOTE: Regis					nue Lediniued	when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						.00 May Be ed to Fees					
10.	OFFICERS A	ND DIRECTORS	11.				HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE		☐ Delete	TITL		DPTS				Change	🔀 Addition	
NAME			NAA			er C Diaz					
STREET ADDRESS				EET ADDRESS	4808	8 Ridge P	oint Drive	2			
CITY-ST-ZIP				Y-ST-ZIP	Tamp	oa, FL	33624				
TITLE		☐ Detete	1111						Change	Addition	
NAME			NAA								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP							
<u> </u>		<u> </u>							C) (bases	C Addition	
TITLE NAME		☐ Delete	TITL Nam						Change	☐ Addition	
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP	İ						
TITLE		☐ Delete	TITE		_				☐ Change	Addition	
NAME		ETI ORIKIE	NAM						- cuantic	LL Addition	
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP							
TITLE		☐ Delete	TITI	LE					☐ Change	Addition	
NAME		DONG	NAM		1						
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP			сп	Y-ST-ZIP	l						

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Oscar C Diaz/Pres

☐ Delete

04/25/2005

(813) 264-1342 Daytime Phone #

☐ Change

Addition