
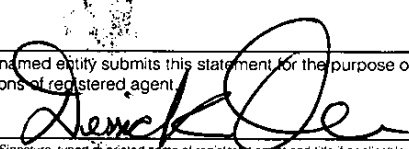
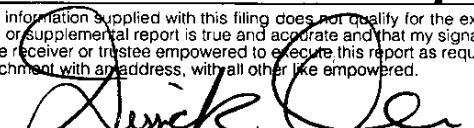


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 019 ***150.00

DOCUMENT # P04000059861 1. Entity Name G.O. INVESTMENT GROUP & ASSOCIATES INC.			
Principal Place of Business 3825 S LEJEUNE RD COCONUT GROVE, FL 33146		Mailing Address 3825 S LEJEUNE RD COCONUT GROVE, FL 33146	
2. Principal Place of Business - No P.O. Box # 299 Alhambra Circle Suite, Apt. #, etc. Suite 221		3. Mailing Address 299 Alhambra Circle Suite, Apt. #, etc. Suite 221	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country	Zip 33134	Country
4. FEI Number 86-1104562		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OROSA, DERRICK 2825 S LEJEUNE RD COCONUT GROVE, FL 33146		7. Name and Address of New Registered Agent Name Orosa Derrick Street Address (P.O. Box Number is Not Acceptable) 299 Alhambra Circle Suite 221 City Coral Gables FL Zip Code 33134	
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  President 1/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P OROSA, DERRICK <input type="checkbox"/> Delete 10745 SW 55 ST MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Orosa, Derrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 299 Alhambra Circle, Suite 221 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Vanevas, Jorge F <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 299 Alhambra Circle, Suite 221 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/11/07 <small>Date Daytime Phone #</small>	