

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

01092007 Chg-P CR2E034 (12/06)

4. FEI Number
 86-1104562

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 *Derrick Orosa* President 1/11/07
 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, 2007 Fee will be \$550.00

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	P OROSA, DERRICK 10745 SW 55 ST MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Orosa, Derrick 299 Alhambra Circle, Suite 221 Coral Gables, FL 33134 <input checked="" 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	VP vanegas, Jorge F 299 Alhambra Circle, Suite 221 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Derrick Orosa* 1/11/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #