2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000148923

1. Entity Name
GOC PRODUCTION, INC.

Principal Place of Business	Mailing Address
901 NE 125TH ST., SUITE 101 N. MIAMI, FL 33161	901 NE 125TH ST., SUITE 101 N. MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3173531
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATERNOSTRO, JOSEPH
901 NE 125TH ST., SUITE 101
N. MIAMI, FL 33161

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	FURTADO, ALEXANDRE C
STREET ADDRESS	7441 WAYNE AVE., APT. 3D
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	D
NAME	CASTILLO, ARIEL J
STREET ADDRESS	1455 N. TREASURE DR., #5A
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE	D
NAME	DAGUER, ALEJANDRO
STREET ADDRESS	2430 NE 136TH ST.
CITY-ST-ZIP	N. MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80013-018 158.75

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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: AD 5-1-06 (305)788-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #