

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90125 013 ***150.00

DOCUMENT # P05000026631

1. Entity Name
GOODTRONICS CORPORATION



Principal Place of Business
6747 NW 192ND. LANE
MIAMI, FL 33015 US

Mailing Address
6747 NW 192ND. LANE
MIAMI, FL 33015 US

20022264



01202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
4998 SW 135 Ave

3. Mailing Address
4998 SW 135 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar, FL

City & State
Miramar, FL

4. FEI Number
20-2381947

Applied For
Not Applicable

Zip 33027 Country USA Broward.

Zip 33027 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGREDO, JAVIER E
6747 NW 192ND. LANE
MIAMI, FL 33015

Name Agredo, Javier E

Street Address (P.O. Box Number is Not Acceptable)

4998 SW 135 Ave

City Miramar

FL

Zip Code 33027

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

03.27-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME AGREDO, JAVIER E
STREET ADDRESS 6747 NW 192ND. LANE
CITY-ST-ZIP MIAMI, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS 4998 SW 135 Ave
CITY-ST-ZIP Miami, FL 33027 ☒ Change ☐ Addition

TITLE VP/D
NAME AGREDO, RENATA
STREET ADDRESS 6747 NW 192ND. LANE
CITY-ST-ZIP MIAMI, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS 4998 SW 135 Ave
CITY-ST-ZIP Miami, FL 33027 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.27-06 7862827799

Date

Daytime Phone #