

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045409

Entity Name: GOIBERT CORP

FILED
Jan 26, 2006
Secretary of State

Current Principal Place of Business:

7045 SW 19 TERRACE
MIAMI, FL 33155

New Principal Place of Business:

PO BOX 558925
MIAMI, FL 33255

Current Mailing Address:

PO BOX 558925
MIAMI, FL 33255

New Mailing Address:

FEI Number: 20-2573165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOICOURIA, MICHELLE
7045 SW 19 TERRACE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

CAMACHO, ANA M
4000 PONCE DE LEON BLVD.
#400
CORAL GABLES, FL 33146 US

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.

SIGNATURE: ANA M CAMACHO

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOICOURIA, MICHELLE
Address: 7045 SW 19 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: GOICOURIA, TOMAS
Address: 7045 SW 19 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GOICOURIA, MICHELLE
Address: PO BOX 558925
City-St-Zip: MIAMI, FL 33255

Title: P (X) Change () Addition
Name: GOICOURIA, TOMAS
Address: PO BOX 558925
City-St-Zip: MIAMI, FL 33255

Title: S () Change (X) Addition
Name: GARCIA, VIVIAN
Address: PO BOX 558925
City-St-Zip: MIAMI, FL 33255

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GOICOURIA

P

01/26/2006

Electronic Signature of Signing Officer or Director

Date