## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000045409

Entity Name: GOIBERT CORP

City-St-Zip:

MIAMI, FL 33255

FILED Mar 20, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
PO BOX 558925 MIAMI, FL 33255			7045 SW 19TH TERRA MIAMI, FL 33155	7045 SW 19TH TERRACE MIAMI, FL 33155	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 5 MIAMI, FL					
FEI Number: 20-2573165 FEI Number Applied For ( )		FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
#400	O, ANA M CE DE LEON ABLES, FL 33				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ( GOICOURIA, N PO BOX 5589 MIAMI, FL 332	25	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( GOICOURIA, T PO BOX 5589 MIAMI, FL 332	25	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S (X GARCIA, VIVIA PO BOX 5589:		Title: Name: Address:	()Change ()Addition	

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.

City-St-Zip:

SIGNATURE: TOMAS GOICOURIA P 03/20/2007