

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 045 ***150.00

DOCUMENT # P05000046727

1. Entity Name
GOSS KMV, INC



Principal Place of Business
6962 NW 179TH STREET APT 104
MIAMI, FL 33015

Mailing Address
6962 NW 179TH STREET APT 104
MIAMI, FL 33015

2. Principal Place of Business - No P.O. Box #
1710 NW 7th Street

Suite, Apt. #, etc.
Suite: 201

City & State
Miami, Florida

Zip
33125

Country
USA

3. Mailing Address
1710 NW 7th Street

Suite, Apt. #, etc.
Suite: 201

City & State
Miami, Florida

Zip
33125

Country
USA

1000000



01112008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2616270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ RUIZ, OCTAVIO J.
6962 NW 179TH STREET APT 104
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name Martha C. Ussa
Street Address (P.O. Box Number is Not Acceptable)
1710 NW 7th Street
Suite: 201
City Miami FL Zip Code 33125

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 x

Martha C. Ussa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/11/2008
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPV** ☐ Delete
NAME **GOMEZ RUIZ, OCTAVIO J.**
STREET ADDRESS **6962 NW 179TH STREET APT 104**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☐ Addition
NAME **Martha C. Ussa**
STREET ADDRESS **1710 NW 7th Street #201**
CITY-ST-ZIP **Miami, FL 33125**

TITLE **VP** ☐ Change ☐ Addition
NAME **Octavio J. Gomez**
STREET ADDRESS **1710 NW 7th St #201**
CITY-ST-ZIP **Miami, FL 33125**

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

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

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

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

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: x

Martha C. Ussa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/08

Date

(305)649-8494

Daytime Phone #