2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# P05000096898

Entity Name: G.O.D. INVESTMENTS, INC.

Current Principal Place of Business:

2892 BLOSSOM COURT
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

2892 BLOSSOM COURT
NAPLES, FL 34120

New Mailing Address:

P.O. BOX 133284
HIALEAH, FL 33013

FEI Number: 20-3661420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARGAS, LILIANA
2892 BLOSSOM CT
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ECHEVARRIA, ANDRES
Address: 2892 BLOSSOM COURT
City-St-Zip: NAPLES, FL 34120

Title: ST ( ) Delete
Name: VARGAS, LILIANA
Address: 2892 BLOSSOM COURT
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Delete
Name: RODRIQUEZ, JENNYLEE
Address: 2892 BLOSSOM COURT
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ECHEVARRIA, ANDRES
Address: P.O. BOX 133284
City-St-Zip: HIALEAH, FL 33013

Title: ST (X) Change ( ) Addition
Name: VARGAS, LILIANA
Address: P.O. BOX 133284
City-St-Zip: HIALEAH, FL 33013

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANDRES ECHEVARRIA P 07/15/2008

Electronic Signature of Signing Officer or Director Date