

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000063761

FILED
Jul 20, 2009
Secretary of State**Entity Name:** GONCOT CORP.**Current Principal Place of Business:**6895 W. 4 AVE.
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**6895 W. 4 AVE.
HIALEAH, FL 33014**New Mailing Address:****FEI Number:** 30-0493383**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMADOR, YIZEL
6895 W. 4 AVE.
HIALEAH, FL 33014 US**Name and Address of New Registered Agent:**GONZALEZ, ABEL
6895 W. 4 AVE.
HIALEAH, FL 33014 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: ABEL GONZALEZ

07/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINYETTI, ALTAGRACIA
Address: 6895 W. 4 AVE.
City-St-Zip: HIALEAH, FL 33014

Title: VP (X) Delete
Name: AMADOR, YIZEL
Address: 6895 W 4 AVE
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, ABEL
Address: 6895 W. 4 AVE.
City-St-Zip: HIALEAH, FL 33014

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: ABEL GONZALEZ

P

07/20/2009

Electronic Signature of Signing Officer or Director

Date