


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000003758 1. Entity Name GODA-INVESTMENT CORP.	
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Principal Place of Business 791 10TH ST. S NAPLES, FL 34112 US	Mailing Address 791 10TH ST. S NAPLES, FL 34112 US
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0553674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINDMAYER, MONIKA GUALANO, LICHT, AND ANDREWS, P.A. 791 10TH ST. S NAPLES, FL 34112	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	114/22/04-80034-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODA, IMRO 28986 SETON CT BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODA, SOFIA 28986 SETON CT BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODA, EMMERICH SASCH 28986 SETM CT BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODA, MELANIE ESTHER 28986 SETON CT BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>S. Goda / L. Olab as Agent</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/19/04</i> <small>Date</small>	<small>Daytime Phone #</small>
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**Chart is out of context.*