

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000012054

1. Entity Name
GONCAN INC.



Principal Place of Business
**7050 SW 27TH ST.
MIRAMAR, FL 33023**

Mailing Address
**7050 SW 27TH ST.
MIRAMAR, FL 33023**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number: **65-0642550** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NWAObI, GODWIN A
7050 SW 27TH ST.
MIRAMAR, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

U00000504402
04/26/06-80071-004 150.00

TITLE **P**
NAME **NWAObI, GODWIN A**
STREET ADDRESS **7050 SW 27TH ST.**
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE **D**
NAME **NWAObI, OBINNA M**
STREET ADDRESS **7050 SW 27TH ST.**
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE **VP**
NAME **NWAObI, ZITA N**
STREET ADDRESS **7050 SW 27TH ST**
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 **561-992-9220**
Date Daytime Phone #