2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# P96000048967

Entity Name: GONCA U.S.A. CORP.

Current Principal Place of Business:

16740 NW 78 PLACE #358
MIAMI LAKES, FL 33016

New Principal Place of Business:

15476 NW 77 CT.
#358
MIAMI LAKES, FL 33016

Current Mailing Address:

15476 NW 77 CT., STE. 358
MIAMI LAKES, FL 33016

New Mailing Address:

15476 NW 77 CT.
#358
MIAMI LAKES, FL 33016

FEI Number: 65-0672636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL CASTILLO, MAYRA M
16740 NW 78 PLACE #358
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

DEL CASTILLO, MAYRA M
15476 NW 77 CT
#358
MIAMI LAKES, FL 33016 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: 01/08/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DEL CASTILLO, MAYRA M
Address: 16740 NW 78 PLACE #358
City-St-Zip: MIAMI LAKES, FL 33016

Title: DS ( ) Delete
Name: DELCASTILLO, ROBERTO M
Address: 16740 NW 78 PLACE #358
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: DEL CASTILLO, MAYRA M
Address: 15476 NW 77 CT., #358
City-St-Zip: MIAMI LAKES, FL 33016

Title: DS (X) Change ( ) Addition
Name: DELCASTILLO, ROBERTO M
Address: 15476 NW 77 CT., #358
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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: MAYRA MORALES DP 01/08/2006
Electronic Signature of Signing Officer or Director — Date