


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000007424**  
 1. Entity Name  
 GOYANES INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
 8275 NW 36 ST                      8275 NW 36 ST  
 MIAMI, FL 33166 US                MIAMI, FL 33166 US

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0804437      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
 GOYANES, JOSE  
 8275 NW 36 ST  
 MIAMI, FL 33166

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	P
NAME	GOYANES, JOSE SR
STREET ADDRESS	8275 NW 36 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	V
NAME	GOYANES, TANIA
STREET ADDRESS	8275 NW 36 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UUUUU0379994  
 01/10/06-80043-015 150.00

**DO NOT WRITE IN THIS SPACE**

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: Jose Goyanes President      1/4/06      305 591 8373  
Name of Signer, Officer or Director      Date      Daytime Phone #