2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000083449

1. Entity Name
GOLD OCEAN INVEST CORP.

Principal Place of Business	Mailing Address
6550 N. FEDERAL HWY. #340 FORT LAUDERDALE, FL 33308	6550 N. FEDERAL HWY. #340 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0864319

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VORST, JOHN VAN CPA PA
6550 N. FEDERAL HWY
#340
FORT LAUDERDALE, FL 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LORENZ, WERNER
STREET ADDRESS	2425 E. COMMERCIAL BLVD., SUITE 401
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	VD
NAME	LORENZ, ANTONIE
STREET ADDRESS	2425 E. COMMERCIAL BLVD., SUITE 401
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	TD
NAME	LORENZ, MARKUS
STREET ADDRESS	2425 E. COMMERCIAL BLVD., SUITE 401
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	SD
NAME	LORENZ, MATTHIAS
STREET ADDRESS	2425 E. COMMERCIAL BLVD., SUITE 401
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VD
NAME	LORENZ, KARIN
STREET ADDRESS	2425 E. COMMERCIAL BLVD., SUITE 401
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000004739
01/15/04-80013-017 150.00

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: _____ 1.12.04 954 545 9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #