2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90123 031 ***150.00

DOCUMENT # P98000083449

1. Entity Name
GOLD OCEAN INVEST CORP.

90036720

Principal Place of Business	Mailing Address
~~2159 SE 9 STREET~~ ~~POMPANO BEACH FL 33062~~	~~2159 SE 9 STREET~~ ~~POMPANO BEACH FL 33062~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6550 N Federal Hwy.	6550 N Federal Hwy.
Suite, Apt. #, etc. #340	Suite, Apt. #, etc. #340
City & State Fort Lauderdale, FL 33308	City & State Fort Lauderdale, FL 33308
Zip / Country 33308 USA	Zip / Country 33308 USA

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	7. Name and Address of New Registered Agent
VORST, JOHN VAN CPA PA ~~2159 SE 9 STREET~~ 6550 N Federal Hwy, #340 ~~POMPANO BEACH FL 33062~~ Fort Lauderdale, FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LORENZ, WERNER 2425 E. COMMERCIAL BLVD., SUITE 401 FT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LORENZ, ANTONIE 2425 E. COMMERCIAL BLVD., SUITE 401 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LORENZ, MARKUS 2425 E. COMMERCIAL BLVD., SUITE 401 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LORENZ, MATTHIAS 2425 E. COMMERCIAL BLVD., SUITE 401 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LORENZ, KARIN 2425 E. COMMERCIAL BLVD., SUITE 401 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED JOHN VAN VORST, CPA, REGISTERED AGENT 1/08/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #