FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90727 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097123

1. Entity Name
GOAV LIMITED, INC.

90119638

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE #407 MIAMI, FL 33131	501 BRICKELL KEY DRIVE #407 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
601 Brickell Key Drive	601 Brickell Key Drive
Suite, Apt. #, etc. Ste. 802	Suite, Apt. #, etc. Ste. 802
City & State Miami, FL	City & State Miami, Fl
Zip 33131 Country USA	Zip 33131 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0902653 ☐ 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
VAZQUEZ, GERARDO A ESQ. 601 BRICKELL KEY DRIVE #407 MIAMI, FL 33131	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	S VAZQUEZ, GERARDO A 501 BRICKELL KEY DR., STE 407 MIAMI, FL 33121	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, ROBERTO 501 BRICKELL KEY DR., STE 407 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Gerardo Vazquez 4/30/03 305-371-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #