


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90034 048 \*\*\*150.00

<b>DOCUMENT # P99000072678</b> 1. Entity Name <b>GOODVIEW INVESTMENTS INC.</b>						
Principal Place of Business <b>3600 S.W. 116 AVENUE DAVIE FL 33330</b>				Mailing Address <b>100 S. BIRCH ROAD #2902 FORT LAUDERDALE FL 33316</b>		
2. Principal Place of Business <b>100 S. Birch Road</b> Suite, Apt. #, etc. <b>2902</b>		3. Mailing Address Suite, Apt. #, etc. 				
City & State <b>FT. LAUDERDALE, FL</b>		City & State 		4. FEI Number <b>65-0943095</b>		
Zip <b>33316</b> Country <b>USA</b>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MATEU, LEONARDO 3600 S.W. 116 AVENUE DAVIE FL 33330</b>				7. Name and Address of New Registered Agent Name <b>LEONARDO MATEU</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 S. BIRCH ROAD, APT. 2902</b> <b>FORT LAUDERDALE, FL 33316</b>		
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.				Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATEU, LEONARDO 3600 S.W. 116 AVENUE DAVIE FL 33330 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARDO MATEU 100 S. BIRCH ROAD, APT. 2902 FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATEU, FERNANDO 3600 S.W. 116 AVENUE DAVIE FL 33330 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDO MATEU 100 S. BIRCH ROAD, APT. 2902 FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATEU, GIOCONDA 3600 S.W. 116 AVENUE DAVIE FL 33330 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIOCONDA MATEU 100 S. BIRCH ROAD, APT. 2902 FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/04 954 205-8732**