

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100419

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: GOCHE CORP.

## Current Principal Place of Business:

881 OCEAN DRIVE  
APT. 8A  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

1200 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

## New Mailing Address:

1000 BRICKELL AVENUE  
SUITE 300  
MIAMI, FL 33131

FEI Number: 65-0961300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVENUE  
SUITE 300  
MIAMI, FL 33131 US

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.

SIGNATURE: ROBERT R. ADAMS

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANGEL, AMPARO  
Address: 881 OCEAN DRIVE APT. 3F  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: NACHTIGALL, BRIGITTE  
Address: 881 OCEAN DRIVE APT. 3F  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: NACHTIGALL, PATRICIA  
Address: 881 OCEAN DRIVE APT. 3F  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: NACHTIGALL, ANDREA  
Address: 881 OCEAN DRIVE APT. 3F  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMPARO ANGEL

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date