


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # S24202 1. Entity Name GOL INVESTMENTS, INC.	
--	---

Principal Place of Business 209 WEST 21ST STREET HIALEAH, FL 33010	Mailing Address 209 WEST 21ST STREET HIALEAH, FL 33010
--	--

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0356893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEMPERE, MIGUEL A.
209 WEST 21ST STREET
HIALEAH, FL 33010

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 file if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SEMPERE, MIGUEL A. 209 WEST 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SEMPERE, MERCEDES 209 WEST 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000293012
04/08/05-80010-022 150.00

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)(f), 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:  **MIGUEL A. SEMPERE** 04/05/05 (305) 888-4002
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone