2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND

Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # 248696** 1. Entity Name 04-27-2004 90071 034 ***150.00 GFX, INC. Principal Place of Business Mailing Address 15750 NW 59 AVENUE HIALEAH FL 33014 15750 NW 59 AVENUE HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0932103 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDENKREIS, GEORGE 3000 N W 107TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33172** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FELDENKREIS, OSCAR NAME NAME 13205 BISCAYNE ISLAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N.MIAMI FL CITY-ST-7IP PD ☐ Delete TITLE TITLE Change Addition FELDENKREIS, GEORGE NAME NAME 3000 N W 107TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP STD Delete Change Addition NAME HANONO, FANNY NAME STREET ADDRESS 15750 NW 59 AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Delete TITLE TITLE ☐ Change Addition HANONO, SALOMON NAME NAME 15750 NW 59 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33179 CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. I hereby certify that the information supplied with this filing di indicated on this report or supplemental report is true and account not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath: that I am an officer or director that this figure is a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or ustee empowers changed, or on an attachment with George Felden Kreis 4/21/04 (305)

FILED