


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 594828

1. Entity Name
GAVINO PROPERTIES, INC.



Principal Place of Business
**230 S. DIXIE HWY
 BOCA RATON, FL 33432**

Mailing Address
**230 S. DIXIE HWY
 BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1877275

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENOIT-GAVINO, VIRGINIA J
 4570 NW 5 AVENUE
 BOCA RATON, FL 33431**

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: *[Handwritten Signature]* DATE: **3-10-04**

Signature type is not used for changing office of agent and title, if applicable. NOTE: Registered Agent signature required when reconstituted.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GAVINO, VIRGINIA
STREET ADDRESS	4570 NW 5 AVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	SD
NAME	GAVINO, VIRGINIA
STREET ADDRESS	GAVINO, UGO
CITY-ST-ZIP	COOPER CITY, FL
TITLE	VP
NAME	GAVINO, VIRGINIA
STREET ADDRESS	GAVINO, UGO
CITY-ST-ZIP	COOPER CITY, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000086708
 03/12/04-80033-020 150.00

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 reports 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: *[Handwritten Signature]*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04 561 395-7731
 Date Daytime Phone #