## ,2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2004 08:00 AM Secretary of State **DOCUMENT # H89910** GIMBEL INTERNATIONAL, INC. Principal Place of Business Mailing Address % PETER J. GIMBEL % PETER J. GIMBEL 201 NE 2ND ST. 201 NE 2ND ST. FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2630060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIMBEL, PETER J. DO NOT WRITE 201 NE 2ND ST. FT, LAUDERDALE, FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE V00000060829 02/23/04-80055-016 150.00 9. Election Campaign Financing FILE NOW!!! FEE |S \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ÞΩ GIMBEL, PETER J. NAME STREET ADDRESS 201 NE 2ND ST. CITY-ST-ZIP FT. LAUDERDALE, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS. CITY-ST-ZIP

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: Peter J. Gimbel

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

2/18/04 954-523-206

**FILED**