


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90057 037 \*\*\*\*50.00

DOCUMENT # L04000017410			
1. Entity Name GCFORCE.COM, LLC			
Principal Place of Business 6710 BULL RUN ROAD STE G-367 MIAMI LAKES, F 33014		Mailing Address 6710 BULL RUN ROAD STE G-367 MIAMI LAKES, F 33014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOMEZ, CARLOS A 6710 BULL RUN ROAD STE G-367 MIAMI LAKES, FL 33014		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, CARLOS A <input type="checkbox"/> Delete 6710 BULL RUN ROAD STE G-367 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ CARLOS A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2720 Cantargate Dr MIRAMAR FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAADE, ERIKA M <input type="checkbox"/> Delete 6710 BULL RUN ROAD STE G-367 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAADE, ERIKA M. <input type="checkbox"/> Change <input type="checkbox"/> Addition 2720 Cantargate Dr MIRAMAR FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Carlos A. Gomez</u>		Date: <u>4/28/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0111088 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required