


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90027 026 ***150.00

DOCUMENT # M40144

1. Entity Name
GINO'S FLEA MARKET CORP.



Principal Place of Business Mailing Address

C/O JOSE R. HERRERA **C/O JOSE R. HERRERA**
2435 N. MIAMI AVE. **2435 N. MIAMI AVE.**
MIAMI, FL 33137 **MIAMI, FL 33137**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2804035

Applied For: Not Applicable

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

8. Name and Address of Current Registered Agent

HERRERA, JOSE R.
2435 N. MIAMI AVE.
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** 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 _____ (NOTE: Registered Agent's signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HERRERA, JOSE R.	2435 N. MIAMI AVE.	MIAMI, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2435 N. MIAMI AVE	MIAMI FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 its 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: *Jose Herrera* **7/8/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation