


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000000006 1. Entity Name G&D SCREENS INC.						FILED 05 MAY 11 PM 2:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5084 1ST ROAD LAKE WORTH, FL 33467		Mailing Address 5084 1ST ROAD LAKE WORTH, FL 33467					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1063212		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VELEZ, GUILLERMO 5084 1ST ROAD LAKE WORTH, FL 33467				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 this State, Florida, and accept the obligations of registered agent. SIGNATURE _____ DATE 06/01/05--01033--012 **\$1.25							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				(NOTE: Registered Agent signature required when reinstating)	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP <input type="checkbox"/> Delete NAME VELEZ, GUILLERMO STREET ADDRESS 5084 1ST ROAD CITY-ST-ZIP LAKE WORTH, FL 33467		TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LEONEL VILLARREAL STREET ADDRESS 5084 1ST ROAD CITY-ST-ZIP LAKE WORTH, FL 33467		TITLE VPD <input type="checkbox"/> Delete NAME VELEZ, DELIA STREET ADDRESS 5084 1ST ROAD CITY-ST-ZIP LAKE WORTH, FL 33467		TITLE VICE PRESIDENT/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VELEZ, DELIA STREET ADDRESS 5084 1ST ROAD CITY-ST-ZIP LAKE WORTH, FL 33467	
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	
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 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: <i>Dalia Velez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 5/6/05		Daytime Phone # 329-4540	