

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90008 006 ***150.00

54025145

DOCUMENT # P01000023821

1. Entity Name
G.4.A. HOLDINGS, CORPORATION




Principal Place of Business
**2724 PINEHURST
 WESTON, FL 33332**

Mailing Address
**2467 EAGLE RUN DRIVE
 WESTON, FL 33327**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



03192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1089198

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

6. Name and Address of Current Registered Agent
**CUFFIA, GIANCARLO
 2467 EAGLE RUN DRIVE
 WESTON, FL 33327**

7. Name and Address of New Registered Agent
 Name **GIANCARLO CUFFIA**
 Street Address (P.O. Box Number is Not Acceptable) **1835 MAIN ST., Ste 101**
 City **Weston** FL Zip Code **33326**

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.

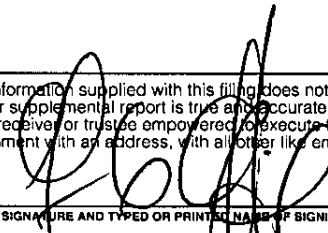
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUFFIA, GIANCARLO 2467 EAGLE RUN DRIVE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUFFIA, ANA 2467 EAGLE RUN DRIVE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **3/26/04 (954) 389-7118.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #