


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90109 031 ***150.00

DOCUMENT # P010Q0023821

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
602 S.W. 15 ST

3. Mailing Address
602 S.W. 15 ST.

Suite, Apt. #, etc.



03312005 Chg-P CR2E034 (10/03)

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33315

Country
USA

4. FEI Number
65-1089198

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CUFFIA, GIANCARLO
1835 MAIN STREET
STE 101
WESTON, FL 33326

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
PD	CUFFIA, GIANCARLO	2467 EAGLE RUN DRIVE	WESTON, FL 33327	<input checked="" type="checkbox"/>
VD	CUFFIA, ANA	2467 EAGLE RUN DRIVE	WESTON, FL 33327	<input checked="" 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 type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	GIANCARLO CUFFIA	602 S.W. 15 ST	FT. LAUDERDALE, FL 33315	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	ANA CUFFIA	602 S.W. 15 ST	FT. LAUDERDALE, FL 33315	<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)(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:  Date: **3/31/05** (954) 389-7119