


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000023821		
1. Entity Name G.A.A. HOLDINGS, CORPORATION		
Principal Place of Business 2467 EAGLE RUN DRIVE WESTON, FL 33327		Mailing Address 2467 EAGLE RUN DRIVE WESTON, FL 33327
2. Principal Place of Business 2124 KINEHEVEST		3. Mailing Address [REDACTED]
State, Apt. #, etc. Weston, FL		City & State Weston, FL
City & State Weston, FL		4. FEI Number 105-1089198
Country Ireland		5. Certificate of Status Desired <input type="checkbox"/> \$3.75 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: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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 _____ DATE _____ <small>(Signature, typed or printed name of signed and agent and date of signature) (NOTE: Registered Agent to sign and date when submitting)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 no other title empowered.		
SIGNATURE: _____		Date: 4/29/03
<small>SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

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CRREG04 (10/02)