2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P02000063906** 05-03-2004 90459 048 ***150.00 1. Entity Name GBU FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 7121 N. HABANA AVE 7121 N. HABANA AVE 14017190 TAMPA, FL 33614 TAMPA, FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 03-0460160 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jackie Rojas-Quinones ROJAS-QUINONES, JACKIE Street Address (P.O. Box Number is Not Acceptable) 3434 W COLUMBUS DRIVE SUITE 204 TAMPA, FL 33604 Hamna 4ve for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10., 11. TITLE Change ☐ Addition TITLE ☐ Delete MILLER, STEVEN NAME NAME 7121 N. HABANA AVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME: STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP ☐ Delete ■ Addition TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detele TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

SIGNATURE AND TYPED OR PARTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED