

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090744

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: G.C. BUSINESS ENTERPRISES INC.

**Current Principal Place of Business:**

2664 WEST 79TH STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2664 WEST 79TH STREET  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 65-0540104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSCONI, GIUSEPPE  
2664 WEST 79TH STREET  
HIALEAH, FL 33016    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            PST            ( ) Delete  
Name:            MOSCONI, GIUSEPPE  
Address:        6550 N.W. 4TH COURT  
City-St-Zip:    PLANTATION, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PST            (X) Change ( ) Addition  
Name:            MOSCONI, GIUSEPPE  
Address:        6550 N.W. 4TH COURT  
City-St-Zip:    PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIUSEPPE MOSCONI

PST

04/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date