## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2004 8:00 am Secretary of State **DOCUMENT # P95000070104** 05-04-2004 90190 023 \*\*\*150.00 G/N CONSTRUCTION ENTERPRISES, INC. **64000060** Principal Place of Business Mailing Address 7925 NW 12TH ST 1779 W. 37TH ST SUITE #318 SUITE #15 MIAMI, FL 33126 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address 7925 NW 12TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04272004 Chg-P SUITE 407 Applied For City & State City & State 4. FEI Number MIAMI, 65-0612444 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33126 USA 6. Name and Address of Current Registered Agent --- - 7. Name and Address of New Registered Agent NELSON VALLADARES VALLADARES, NELSON Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12TH STREET 7925 NW 12TH ST SUITE 318 MIAMI, FL 33126 SUITE 407 Zip Code 33126 City MIAMI 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 age SIGNATURE. (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST ☐ Delete TITLE ☐ Addition VALLADARES, NELSON SR NAME NAME STREET ADDRESS 1779 W. 37TH ST SUITE #15 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE Delete TIT! F Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Change Addition NAME NAME A Commence STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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.

FILED