2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000007390

Entity Name

G & E ASSOCIATES, INC.



Mailing Address

Principal Place of Business 1 BOCA PLACE, STE, 411-E 2255 GLADES RD. BOCA RATON, FL 33431

SIGNATURE:

1 BOCA PLACE, STE. 411-E 2255 GLADES RD. BOCA RATON, FL 33431

FILED Apr 08, 2004 08:00 AM Secretary of State



no	NOT	WRITE	IN THIS	CDACE
	141 11	vv-niie		3F41.F

STANLEY D. GOTTSEGEN

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTSEGEN, STANLEY D ESQUIRE 1 BOCA PLACE, STE. 411-E 2255 GLADES RD. BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431				IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	od office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title of	rappicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing .	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTESGEN, STANLEY D ESQUIRE 1 BOCA PLACE,STE.411-E BOCA RATON, FL 33431					
TRILE NAME STREET ADDRESS CKTY - ST - ZIP	D EHRENSTEIN, GABRIEL 1 BOCA PLACE,STE.411-E BOCA RATON, FL 33431				900000107064 04/08/04-80043-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corrections of the	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment attach activess, with all	ing does not qualify for the exer and accurate and that my signat if to execute this report as requit other like empowered.	nption state ure shall har red by Chap	d in Section 119.07(3) ve the same legal effe ter 607, Florida Statut	(f), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es, and that my name appears in Block 10 or Block 11 if	