## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000095336

Entity Name: GORIS GROUP CO.

FILED Jun 30, 2004 Secretary of State

Littly Nai	ille. GORIS	SKOOF CO.			
Current P	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
240 CRANDON BLVD				235 CRANDON BLVD	
117 KEY BISC	AYNE, FL 33°	49	3 KEY BISCAYNE, FL	KEY BISCAYNE, FL 33149	
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
	IDON BLVD			235RANDON BLVD	
117 KEY BISCAYNE, FL 33149			3 KEY BISCAYNE, FL	KEY BISCAYNE, FL 33149	
FEI Number:	: 65-0958575	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GORIS, JOSE M 240 CARNDON BLVD SUITE 117			GORIS, JOSE M 235 CRANDON BLV 3	235 CRANDON BLVD	
KEY BISCAYNE, FL 33149 US			•	KEY BISCAYNE, FL 33149 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: JOSE M. GORIS				06/30/2004	
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PSD ( GORIS, JOSE 181 CRANDON KEY BISCAYN	I BLVD #105	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VTD ( GORIS, VIVIAN 181 CRANDON KEY BISCAYN	I BLVD #105	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE M GORIS PSD 06/30/2004