


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90016 034 ***150.00

DOCUMENT # P02000096001													
1. Entity Name GENDI SIGNS INC.													
Principal Place of Business 1342 W. 44TH ST. HIALEAH, FL 33012			Mailing Address 1342 W. 44TH ST. HIALEAH, FL 33012										
2. Principal Place of Business 3355 E 3 AVE		3. Mailing Address 3355 E 3 AVE											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 61-1424331									
Zip 33013		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent CANDELARIA, MARTHA L 1342 W. 44TH ST. HIALEAH, FL 33012			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name CANDELARIA, MARTHA L</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 3355 E 3 AVE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City HIALEAH</td> </tr> <tr> <td style="padding: 2px;">State FL</td> <td style="padding: 2px;">Zip Code 33013</td> </tr> </table>			Name CANDELARIA, MARTHA L		Street Address (P.O. Box Number is Not Acceptable) 3355 E 3 AVE		City HIALEAH		State FL	Zip Code 33013
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City HIALEAH													
State FL	Zip Code 33013												
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 agent. SIGNATURE: <u>[Signature]</u> DATE: 3-9-04 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANDELARIA, MARTHA L 1342 W. 44TH ST. HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANDELARIA, MARTHA L 3355 E 3 AVE. HIALEAH, FL 33012									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-9-04 Daytime Phone #: 305.885.0665										

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03092004 Chg-P CR2E034 (10/03)