




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90025 008 ***150.00

DOCUMENT # F67664 1. Entity Name G M E CORPORATION					
Principal Place of Business 1869 NW 97TH AVENUE BOX 621 MIAMI, FL 33172				Mailing Address 1869 NW 97TH AVENUE BOX 621 MIAMI, FL 33172	
2. Principal Place of Business 10000 N.W. 17 Street		3. Mailing Address 10000 N.W. 17 Str.			
Suite, Apt. #, etc. Suite #102 Box 621		Suite, Apt. #, etc. Suite 102 Box 621			
City & State MIAMI FL		City & State MIAMI, FL			
Zip 33172		Zip 33172			
Country U.S.A		Country U.S.A		01112005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2167212				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDIGUTIA, FERNANDO C 1525 SW 18 STREET SUITE 10, BOX 621 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PDT MORALES, CONSUELO M. <input checked="" type="checkbox"/> Delete 1869 NW 97TH AVE., SUITE 10, #621 MIAMI, FL 331722855		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MORALES, CONSUELO M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10000 N.W. 17 St. suite 102 Box 621 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORALES, JUAN PABLO <input checked="" type="checkbox"/> Delete 1869 SW 97TH AVENUE, SUITE 10, #621 MIAMI, FL 331722855		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORALES, JUAN PABLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10000 N.W. 17 St. suite 102 Box 621 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, GUILLERMO <input checked="" type="checkbox"/> Delete 1869 NW 97TH AVENUE, SUITE 10, #621 MIAMI, FL 331722855		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, GUILLERMO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10000 N.W. 17 St. suite 102 Box 621 MIAMI, FL 33172	
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	
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	
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	
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 full other like empowered.					
SIGNATURE:  Guillermo Morales			1/11/2005 (305) 270-7478		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		