

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000075753**

1. Entity Name  
**G.M. PROPERTY CORP.**



Principal Place of Business

**24 NE 1ST STREET  
1-B  
MIAMI, FL 33132**

Mailing Address

**55 NE 1ST STREET  
12  
MIAMI, FL 33132**

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0585973**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AMINOV, ABRAM  
55 NE 1ST STREET  
12  
MIAMI, FL 33132**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
AMINOV, ABRAM  
4320 ADAMS AVE.  
MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
AMINOV, GEORGE  
4320 ADAMS AVE.  
MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
AMINOV, MANI  
4320 ADAMS AVE  
MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000000378168  
09/12/05-80001-006 558.75

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MANI AMINOV**  
**9/1/05** **(305) 373-9878**