2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 393304

1. Entity Name G.H. BROTHERS INVESTMENT CORP.

FILED Jan 28, 2004 08:00 AM Secretary of State

Principal Place of Business

191 S W 114 AVENUE SWEETWATER, FL 33174 Mailing Address

191 S W 114 AVENUE SWEETWATER, FL 33174



01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1448728 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ (ELOY) 191 S W 114 AVE MIAMI, FL 33174

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	named entity submits this statement for the paions of registered agent.	surpose of changing its registered office	or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature typed or printed name at registered agent and life	iii applinabio (NOTE Registered Agent sign	ature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
THLE NAME STREET ADDRESS CHY-ST-ZIP	D ARNOLDO, ELIGIO 191 SW 114 AVE MIAMI, FL 00000,			01/29/04-80019-008 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ELOY 191 SW 114 AVE MIAMI, FL 00000,				
TITLE NAME STREET ADDRESS CITY-53-ZIP	D GONZALEZ, ABILIO 191 SW 114 AVE MIAMI, FL		DO		
THLE NAME SIREET ADDRESS CITY - ST - ZIP	D GONZALEZ, OSCAR 191 SW 114 AVE MIAMI, FL		IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RENE 191 SE 114 AVE MIAMI, FL				
TITLE					

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:

NAME STREET ADDRESS CHY-ST-ZIP

Bby Qu

01/23/04