


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 393304**  
 1. Entity Name  
**G.H. BROTHERS INVESTMENT CORP.**



Principal Place of Business 191 SW 114 AVENUE SWEETWATER, FL 33174	Mailing Address 191 SW 114 AVENUE SWEETWATER, FL 33174
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**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1448728</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	D ARNOLDO, ELIGIO 191 SW 114 AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ELOY 191 SW 114 AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ABILIO 191 SW 114 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, OSCAR 191 SW 114 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RENE 191 SE 114 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000239148  
 02/22/05-80032-007 150.00

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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)(f), 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/15/05 Daytime Phone # \_\_\_\_\_