

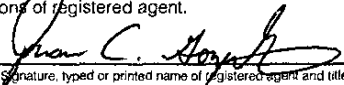
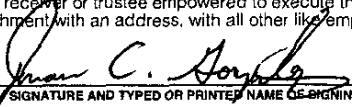


ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90039 026 ***158.75

DOCUMENT, #473097 1. Entity Name GENERAL COMMODITIES INTERNATIONAL, INC.			
Principal Place of Business 10865 NW 29 ST SUITE 300 MIAMI, FL 33172 US		Mailing Address P.O. BOX 227206 MIAMI, FL 33122-7206 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		04122004 Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1630971	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, BENIGNO J 7239 NW 33RD ST MIAMI, FL 33122		7. Name and Address of New Registered Agent Name JUAN C. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 47 NW 108PL City Miami FL Zip Code 33172	
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 		JUAN C. GONZALEZ (NOTE: Registered Agent signature required when reinstating)	
		DATE 4/12/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VP	<input checked="" type="checkbox"/> Delete	
NAME	GONZALEZ, BENIGNO J		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1421 SW 93RD COURT		
CITY-ST-ZIP	MIAMI, FL 33174		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	GONZALEZ, JUAN C		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1421 SW 93RD CT		
CITY-ST-ZIP	MIAMI, FL		
TITLE	PS	<input type="checkbox"/> Delete	
NAME	GONZALEZ, ANA T		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	47 NW 108TH PL		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	T	<input type="checkbox"/> Delete	
NAME	MARTINEZ, EDDA L		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1421 SW 93RD CT		
CITY-ST-ZIP	MIAMI, FL 33174		
TITLE	D	<input type="checkbox"/> Delete	
NAME	GONZALEZ, BENIGNO J		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1421 SW 93RD CT		
CITY-ST-ZIP	MIAMI, FL 33174		
TITLE	D	<input type="checkbox"/> Delete	
NAME	GONZALEZ, EDDA S		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1421 SW 93RD CT		
CITY-ST-ZIP	MIAMI, FL 33174		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		Date 4/12/04 Daytime Phone # (305) 552-8778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			