## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # 529078** 1. Entity Name G.N. PROPERTIES, INC. Principal Place of Business Mailing Address 1200 BRICKELL AVENUE 1200 BRICKELL AVENUE SUITE 1440 MIAMI, FL 33131 **SUITE 1440** MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent

**FILED** May 03, 2004 08:00 AN Secretary of State

CR2E034 (10/03)



No Chg-P

04212004

D	6. Name and Address of Current Regis		CE	4. FEI Numb 59-177 5. Certificate		Applied For Not Applicable \$8.75 Additional Fee Required	
RAMIREZ, MANUEL JR. 1200 BRICKELL AVENUE SUITE 1440 MIAMI, FL 33131				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, typod or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating)  DATE							
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	acing	\$5.00 May Be Added to Fees			
TO. TITLE NAME SIREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP	P ECHARTE, LUIS 1200 BRICKELL AVENUE MIAMI, FL 33131 T GANTWARG, WENDY S 1200 BRICKELL AVENUE MIAMI, FL 33131	CTORS			U0000014880 95/03/04-80160	1 -019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>			NOT WRIT		
THLE NAME SIREET ADDRESS CITY-ST-ZIP					· <del>-</del>		
NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP