## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

	WIMIAOWE	KEFUKI			C	
DOCUMENT # 594657  1. Entity Name G. M. REALTY, INC.			Secretary of State			
Principal Place		Mailing Address				
715 SW 73RE MIÂMI, FL 33	) AVE.	715 SW 73RD AVE. MIAMI, FL 33144-2668				
MIMINI, FL 3.	3144-2000	WINTERN, 1C 33177-2000		Brands Birla and I		
		:				
				E 48 KINS 83510 535551 0	ISASA USBA AINS SAN DENKA USBA USBA USBA USBA USBA USBA USBA USB	
DO NOT WRITE IN THIS SPACE				01042005 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For		
				5. Certificate of Sta	£2.75 additional	
	and the second s		ws	5. Certificate of Str	Fee Required	
	6. Name and Address of Current Re	gistered Agent	<u> </u>			
MEJIDO, GUSTAVO  THE SIM TORD AVE					OT WOITE	
715 SW 73RD AVE.						
MIAMI, FL			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 little 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  Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	-		,	
TITLE	PD MEJIDO, GUSTAVO		1			
STREET ADDRESS	715 SW 73RD AVE		1		}	
CITY-ST-ZIP	MIAMI, FL					
TITLE			[			
NAME				i.	31/11/03-80058-011 130.00	
STREET ADDRESS CITY-ST-ZIP	}		1			
TITLE			7			
NAME			1			
STREET ADDRESS			i	DO N	OT WRITE	
CITY-ST-ZIP		<u> </u>	-[			
TITLE NAME			· ·	INIF	IIS SPACE	
STREET ADDRESS	}		ł			
CITY-ST-ZIP		<u></u>	4		ĺ	
TITLE			)			
NAME STREET ADDRESS	\[     \]		1			
CITY-ST-ZIP			1	_		
TITLE			7			
NAME	1		1			
STREET ADDRESS CITY-ST-ZIP	}		1			
	codify that the information aurollied with the	ie filing does not qualify for the ev-	emption stated in S	action 119 07(3\m) Fig	orida Statutes. I further certify that the information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 cath; 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.						
changed, or on an attachment with an address, with all other like empowered.						
1/6/05 3						