
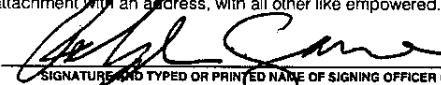


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90016 050 ***158.75

| | | | | | |
|---|--|--|--|--|----------|
| DOCUMENT # F07060 | | | |  | |
| 1. Entity Name GANEM CONSTRUCTION CORP., INC. | | | | | |
| Principal Place of Business 9450 SW 72 ST STE 203 MIAMI, FL 33173 | | | Mailing Address % IVAN A. GOMEZ 601 BRICKELL KEY DR., SUITE 507 MIAMI, FL 33131 US | | |
| 2. Principal Place of Business 6971 N.W. 82nd Avenue | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami, Florida | | City & State | | 4. FEI Number 59-2061949 | |
| Zip 33166 | | Country U.S.A | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> XXX \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PD GANEM, MARLEN 9450 SW 72 ST #203 MIAMI, FL 33173 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6971 N.W. 82nd Avenue <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, Florida 33166 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GANEM, HILDA 9450 SW 72 STREET #203 MIAMI, FL 33173 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6971 N.W. 82nd Avenue <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, Florida 33166 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GANEM, RAFAEL 9450 SW 72 ST #203 MIAMI, FL 33173 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6971 N.W. 82nd Avenue <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, Florida 33166 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | 3/30/04 | | 305-412-1200 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

54026451



03082004 Chg-P CR2E034 (10/03)

Rafael Ganem, President

(305) 371-9213