




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # G85908			
1. Entity Name G. B. I. G. CORPORATION			
Principal Place of Business 7280 S.W. 135TH TERRACE MIAMI, FL 33156		Mailing Address 7280 S.W. 135TH TERRACE MIAMI, FL 33156	
DO NOT WRITE IN THIS SPACE			
		 04062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2381040	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, M. MITCHELL 7280 SW 135 TER MIAMI, FL 33156			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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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	1100000115354 04/16/04-80021-001 150.00
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	GORDON, SANDRA		
STREET ADDRESS	7280 SW 135 TERR		
CITY-ST-ZIP	MIAMI, FL		
TITLE	STD		
NAME	GORDON, M. MITCHELL		
STREET ADDRESS	7280 SW 135 TERR		
CITY-ST-ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		6 APRIL 2004 305-232-2226	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	