2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE: 12

Secretary of State DOCUMENT # J94981 01-12-2005 90003 035 ***150.00 G.A.C. BUILDING SERVICES, INC. Principal Place of Business Mailing Address 4145 FOREST DR PO BOX 268073 50001666 WESTON, FL 33332 FORT LAUDERDALE, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0006266 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMARGO, ALBA I 4154 FOREST DR Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33332 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT Change TITLE □ Delete TITLE ☐ Addition AMIARGO Alba T. CAMARGO, GABRIEL A. NAME NAME 4154 Forest DRIVE STREET ADDRESS 1300 BANYAN WAY STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP leston ☐ Delete TITLE TITLE exxetary ☐ Addition CAMARGO, ALBA I. NAME NAME 4154 FOREST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33332 CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

FILED

Jan 12, 2005 8:00 am