


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90012 021 ***150.00

DOCUMENT # J94981 1. Entity Name G.A.C. BUILDING SERVICES, INC.					
Principal Place of Business 4145 FOREST DR WESTON, FL 33332			Mailing Address PO BOX 268073 FORT LAUDERDALE, FL 33326		
2. Principal Place of Business 1658 Victoria Pointe Ln		3. Mailing Address Suite, Apt. #, etc. Weston, Florida			
City & State Weston, Florida		City & State Weston, Florida		4. FEI Number 65-0006266	
Zip 33327		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMARGO ALBA I 4154 FOREST DR WESTON, FL 33332			7. Name and Address of New Registered Agent Name Alba I. Camargo Street Address (P.O. Box Number is Not Acceptable) 1658 Victoria Pointe Ln City Weston FL Zip Code 33327		
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 <u>Alba I. Camargo</u> Alba I. Camargo 02/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <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	S CAMARGO, GABRIEL A. 4154 FOREST DRIVE WESTON, FL 33332	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMARGO, ALBA I. 4154 FOREST DR WESTON, FL 33332	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Alba I. Camargo</u> Alba I. Camargo 02/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					