


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L19517 1. Entity Name G.A.P. PRODUCTS CORPORATION |  |
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|---|---|
| Principal Place of Business 6913 NW 82 AVENUE MIAMI, FL 33166 | Mailing Address 6913 NW 82 AVENUE MIAMI, FL 33166 |
|---|---|

DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-0147315 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

POSADA, GABRIEL A
1735 W 60TH STREET, M-306
HIALEAH, FL 33012

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

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| 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 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD POSADA, GABRIEL A 314 ERIC WAY CR WESTON, FL 33336 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD POSADA, LUZ A 314 ERIC WAY CR FORT LAUDERDALE, FL 33326 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/08/04-80020-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Gabriel A. Posada GABRIEL A. POSADA 03-01-04 (305) 594-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #