

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 015 ***150.00

DOCUMENT # L26563

1. Entity Name
G.A. PROPERTIES REALTY, INC.



Principal Place of Business
**9900 SW 145TH STREET
MIAMI, FL 33176**

Mailing Address
**9900 SW 145TH STREET
MIAMI, FL 33176**

54070357



08092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0162099	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**AGUIRRE, GERARDO L
9900 SW 145TH STREET
MIAMI, FL 33176**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Never Renew Card

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AGUIRRE, GERARDO L 9900 SW 145TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AGUIRRE, DIANA 9900 SW 145TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

+ 8-17.04 + (305) 971-0102 x. 236

Attachment

GERARDO L. AGUIRRE

54070357
126563

August 18, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, Fl 32314

Re: G.A. Properties Realty, Inc.

TO WHOM IT MAY CONCERN:

As per my telephone conversation with Mr. Gary Blankenbaker from the Division of Corporations, I am following his recommendation to write to inform you that we did not receive the initial card to verify our company records for the Annual Report.

I respectfully ask that you waive the penalties due to these circumstances and accept our payment of \$150.00 to file our report.

Enclosed please find the card with the updated information.

Sincerely,

Gerardo L Aguirre