2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State
02-17-2006 90068 046 ***158.75

DOCUMENT # L35579

1. Entity Name
G.E.C. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
12208 SW 129 CT MIAMI FL 33186 US	12208 SW 129 CT B-230 MIAMI FL 33186 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
9487 N.W. 12th STREET	9487 N.W. 12th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL, FL	City & State: DORAL, FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number 65-0162997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAREDES, FAUSTINO J 12208 SW 129 CT MIAMI FL 33186	Name: LUIS N. ENRIQUEZ Street Address (P.O. Box Number is Not Acceptable): 9487 N.W. 12th STREET City: MIAMI FL Zip Code: 33172

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] 2/6/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) LUIS N. ENRIQUEZ, PRESIDENT DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P PAREDES, FAUSTINO 15552 SW 71 ST. MIAMI FL 33193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ENRIQUEZ, LUIS N. 451 SW 87th COURT MIAMI, Fl 33155	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ENRIQUEZ, LUIS N 3851 SW 63 AVE. MIAMI FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/6/2006 (305) 994-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — LUIS N. ENRIQUEZ PRESIDENT — Date — Daytime Phone #