
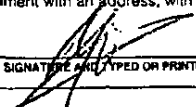


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90002 020 \*\*\*158.75

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # L51117</b>  |  |    |   |
| 1. Entity Name<br><b>G.M. SELBY &amp; ASSOCIATES, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>7400 S.W. 50TH TERRACE<br/>SUITE 100<br/>MIAMI, FL 33155 US</b>   |  | Mailing Address<br><b>7400 S.W. 50TH TERRACE<br/>SUITE 100<br/>MIAMI, FL 33155 US</b>   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.<br><b>SUITE 304</b>   |  | Suite, Apt. #, etc.<br><b>SUITE 304</b>   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>ZADIKOFF, MARINA N.<br/>6540 SW 131 STREET<br/>MIAMI, FL 33156</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable.  |  | DATE  |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004.</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ZADIKOFF, GERALD<br>6540 SW 131 STREET<br>MIAMI, FL 33156 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTCD<br>ZADIKOFF, MIRIAM-MARINA<br>6540 SW 131 STREET<br>MIAMI, FL 33156 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>ATTAR, SIMY M<br>7400 SW 50TH TERRACE #100<br>MIAMI, FL 33155 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:   |  | 6/21/04 305-6665715<br>Date Daytime Phone #   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |

66429723



08172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0178155** Applied For  
Not Applicable

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

Attachment

66429723



G. M. SELBY & ASSOCIATES, INC.

Wednesday, July 07, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Reference # - L51117

In reply to your correspondence of June 28, 2004.

Please be aware that we did not receive any notice regarding the filling of the Annual Report/Uniform Business Report.

Please file the report and forward us the certificate of status.

Thanks for your help with this matter.

Sincerely,

Mamie Attar  
Corporation Secretary

G. M. Selby & Associates, Inc.  
7400 SW 50<sup>th</sup> Terr. Suite 304  
Miami, FL 33155  
Tel.: (305) 666-5775  
Fax: (305) 666-5514