2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 17 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L73582

1. Entity Name
G'VAN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
8405 N.W. 53RD STREET SUITE C102 MIAMI, FL 33166 US	8405 N.W. 53RD STREET SUITE C102 MIAMI, FL 33166 US

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0190497
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, DOMINGO
8405 N.W. 53RD STREET
SUITE C102
MIAMI, FL 33166

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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.

700029323287
02/24/04--01060--020 **150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPSD
NAME	LOPEZ, LUIS ENRIQUE
STREET ADDRESS	8405 N.W. 53RD STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	PD
NAME	VOLLMER, GUSTAVO A
STREET ADDRESS	8405 N.W. 53RD STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	LIPSTRAP,-DENNIS
STREET ADDRESS	8405 N.W. 53RD STREET #C102
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	AS
NAME	STINSON, LOUIS JR
STREET ADDRESS	8405 N.W. 53RD STREET
CITY-ST-ZIP	MIAMI, FL 33166
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: _____ VPSD 2/11/04 (305)594-4458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #