

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008656

**FILED**  
**Apr 10, 2004**  
**Secretary of State****Entity Name:** GCAT 2002, INC.**Current Principal Place of Business:**16789 GOLFVIEW DRIVE  
WESTON, FL 33326**New Principal Place of Business:**P.O.BOX 268297  
WESTON, FL 33326**Current Mailing Address:**16789 GOLFVIEW DRIVE  
WESTON, FL 33326**New Mailing Address:**P.O.BOX 268297  
WESTON, FL 33326**FEI Number:** 54-2081855**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHAVIT, SHABTAI  
Address: 16789 GOLFVIEW DRIVE  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: MAXIM, RAKOV  
Address: 16789 GOLFVIEW DRIVE  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: ALEXEEV, MIKHAIL  
Address: 16789 GOLFVIEW DRIVE  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: GUCKER, ALAIN PIERRE  
Address: 16789 GOLFVIEW DRIVE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRE (X) Change ( ) Addition  
Name: JACOB, SCHELSINGER  
Address: P.O.BOX 268297  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB SCHELSINGER

PRES

04/10/2004

Electronic Signature of Signing Officer or Director

Date