2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jun 30, 2004 8:00 am **Secretary of State** DOCUMENT\_#\_N98000005285 1. Entity Name 06-30-2004 90002 017 \*\*\*\*70.00 GAPI INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 7027 WEST BROWARD BLVD 4360 N W 3RD PLACE PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address 4360 NW 3ed PLACE Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number PLANTATION 65-0859689 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMAR, LUIS "--Street Address (P.O. Box Number is Not Acceptable) 4360 NW 3RD PLACE PLANTATION FL 33317 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. Lam 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. م ودواور و ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 224 6 ☐ Delete TITLE Change ☐ Addition LAMAR, LUIS NAME NAME 4360 NW 3RD PLACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Change ☐ Addition VAZQUEZ, GILBERT NAME 10550 NW 77 COURT #214 STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 33016 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MITRA, SINGH B NAME NAME 7027-W BROWARD BLVD STE 214 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP PDVP PRESIDENT/ DIRECTOR TITLE ☐ Delete TITLE **Change** ☐ Addition LAMAR, LUIS NAME NAME LUIS LAMAR 4360 NW 3RD PLACE STREET ADDRESS STREET ADDRESS 4360 NW 3nd PLACE PLANTATION FLORIO PLANTATION FL 33317 CITY-ST-ZIF CITY-ST-ZIP るろろりつ FIORI da DIRECTOR U/P TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME ANTHONY LAMAR STREET ADDRESS STREET ADDRESS 4360 NW 326 PLACE PLANTATION FIORIC CITY-ST-ZIP CITY-ST-ZIP 33317 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, 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.

FILED

SIGNATURE: JUIS JAMAR PRESIDENT 4-21-04 (954) 791-3905