## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005285

Entity Name: GAPI INTERNATIONAL CORPORATION

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4360 NE 3RD PLACE PLANTATION, FL 33317				4360 NW 3RD PLACE PLANTATION, FL 33317	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	3RD PLACE ION, FL 33317				
FEI Number: 65-0859689 FEI Number Applied For ( )		FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
	UIS 3RD PLACE ION, FL 33317	US			
	named entity see of Florida.	ubmits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () LAMAR, LUIS 4360 NW 3RD F PLANTATION, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () VAZQUEZ, GILE 10550 NW 77 C HIALEAH GARD	OURT #214	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete MITRA, SINGH B 7027 W BROWARD BLVD STE 214 PLANTATION, FL 33317		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete LAMAR, LUIS 4360 NW 3RD PLACE PLANTATION, FL 33317		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DVP (X) LAMAR, ANTHO	Delete NY	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LUIS LAMAR PD 01/18/2005

4360 NE 3RD PLACE

PLANTATION, FL 33317

Address: City-St-Zip: