

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Pg 1 of 2

**FILED**

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4/24/03 98119 027 61.25

SECRETARY OF STATE  
FLORIDA

|   |                             |  |  |   |  |
|---|-----------------------------|--|--|---|--|
| <b>DOCUMENT # N99000004904</b><br>1. Entity Name<br>GYPSY FIRE, INC.  |                             |  |  |   |  |
| Principal Place of Business<br>7951 SW 40 STREET<br>212<br>MIAMI, FL 33155 US   |                             |  | Mailing Address<br>P.O. BOX 398052<br>MIAMI BEACH, FL 33239-8052 |   |  |
| 2. Principal Place of Business  |                             | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                             | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                             | City & State   |  | 4. FEI Number<br>65-0965319   |  |
| Zip   |                             | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent   |                             |  |  | 7. Name and Address of New Registered Agent   |  |
| ESCOBAR, GENEAH JUANA<br>7951 SW 40 STREET<br>212<br>MIAMI, FL 33155  |                             |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                             |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |                             |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                             |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |   |  |
| TITLE   | DPT                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | ESCOBAR, GENEAH JUANA       |  | NAME   |   |  |
| STREET ADDRESS  | 3170 S.W. 8TH STREET, C-330 |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI, FL 33135             |  | CITY - ST - ZIP  |   |  |
| TITLE   | DS                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | MEIZOSO, RENE               |  | NAME   |   |  |
| STREET ADDRESS  | 11090 S.W. 57TH STREET      |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI, FL 33173             |  | CITY - ST - ZIP  |   |  |
| TITLE   | D                           | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | AGUIAR-LOPEZ, BENITA        |  | NAME   |   |  |
| STREET ADDRESS  | 2460 S.W. 18 AVENUE # 1204  |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI, FL 33145             |  | CITY - ST - ZIP  |   |  |
| TITLE   | D                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | LYEWSANG, MICHAEL           |  | NAME   |   |  |
| STREET ADDRESS  | 11041 S.W. 58 TERRACE       |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI, FL 33173             |  | CITY - ST - ZIP  |   |  |
| TITLE   | D                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | MURRAY, LELLEITH A          |  | NAME   |   |  |
| STREET ADDRESS  | 6719 N.W. 62 STREET         |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | TAMARAC, FL 33321           |  | CITY - ST - ZIP  |   |  |
| TITLE   |                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                             |  | 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 reports 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. |                             |  |  |   |  |
| <b>SIGNATURE</b> _____ <i>Geneah Escobar - President</i> <span style="float: right;">4/22/2004</span>   |                             |  |  |   |  |

305-595-6507

PS 292

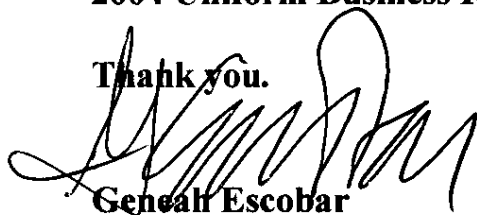
**GYPSY FIRE , INC.  
7951 SW 40TH STREET, SUITE 212  
MIAMI, FL 33155  
305-595-6507 305-262-3500  
www.gypsyfire.org**

**April 22, 2004**

**To Whom It May Concern:**

**Please apply this refund to document #990000004904, Gypsy Fire, Inc.  
2004 Uniform Business Report filing.**

**Thank you.**



**Geneah Escobar  
President**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 598287 4320171  
AUTHORIZATION : Patricia Pizuto  
COST LIMIT : \$ 141.25

ORDER DATE : April 28, 2004

ORDER TIME : 5:28 PM

ORDER NO. : 598287-055

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

ANNUAL REPORT FILING

NAME: AIG TAMPA LIMITED  
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 APR 29 PM 1:11  
DIVISION OF CORPORATION