



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90012 007 \*\*\*158.75

<b>DOCUMENT # P00000025197</b> 1. Entity Name <b>G &amp; R SUPPORT SERVICES INC.</b>					
Principal Place of Business <b>9745 SUNSET DR #220 MIAMI, FL 33173</b>			Mailing Address <b>18400 SW 87TH AVE MIAMI, FL 33157</b>		
2. Principal Place of Business <b>9380 SW 72 ST</b> Suite, Apt. #, etc. <b>B 220 B</b>		3. Mailing Address <b>16252 SW 81 ST</b> Suite, Apt. #, etc.			
City & State <b>MIAMI</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-0995730</b>	
Zip <b>33193</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEFRAN, GABRIEL A 18400 SW 87TH AVE MIAMI, FL 33157</b>			7. Name and Address of New Registered Agent Name <b>LEFRAN, GABRIEL A (same)</b> Street Address (P.O.-Box Number is Not Acceptable) <b>16252 SW 81 ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33193</b>		
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 <u><i>Geoff G. Ly</i></u> (NOTE: Registered Agent signature required when restate) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFRAN, GABRIEL A 18400 SW 87TH AVE MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16252 SW 81 ST MIAMI, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Geoff G. Ly</i></u> <span style="float: right;">2/18/04 305-275-7197</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					