2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000035816 1. Entity Name GORMI, CORP.					
Principal Place		Mailing Address			
9835 SUNSE #103	T DRIVE	9835 SUNSET DRIVE #103			
MIAMI, FL 33173 MIAMI, FL 33173					
DO NOT WRITE IN THIS SPACE				04302004 No Chg-P 4. FEI Number 65-1098653	CR2E034 (10/03) Applied For Nxt Applicable
				Certificate of Status Desired	\$8.75 Additional Fee Regulred
	6. Name and Address of Current Re				
155 SW 25 MIAMI, FL	DE LA TORRIENTE, P.A. 5TH ROAD 33129			DO NOT W IN THIS SP	ACE
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					
0.0.4.10.1.2	Signature, typed or printed name of registered agent and	die if applicable. (NOTE, Pegislere	d Agent signatura required	i when reinstating)	DATE
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees	
10.	OFFICERS AND DI	RECTORS	क्ष्मान्त्र काम पर्दे भी स्थापन के मिल		
TETLE Name	SALAZAR, MIGUEL	,			
STREET ADDRESS	9835 SUNSET DRIVE		U00000150103 U5/03/04-80213-005 158.75		
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STREET ADORESS			40.00	The state of the s	Section 2015
CITY-ST-ZIP					
of the cor	certify that the information supplied with the control of the port of supplemental report is the portion of the receiver of trustee empower, or on an attachment with an address, with	red to execute this teport as redu	emption stated in Se ature shall have the ired by Chapter 60	ection 119.07(3)(i), Florida Statutes. I same legal effect as if made under o 7, Florida Statutes; and that my name	I turther certify that the information path; that I am an officer or director appears in Block 10 or Block 11 if
SIGNATURE: ///////// HIGNEL SACAZAA 4/30/04 305 274 9195					
SIGNATURE: AND THE ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR				Pete	Daytime Phone #