2008 FOR PROFIT CORPORATION

Feb 25, 2008 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P00000051939 GAVIDIA ENTERPRISES, INC. Principal Place of Business Mailing Address 4572 S.W. BRANCH TERRACE 4572 S.W. BRANCH TERRACE PALM CITY, FL 34990 PALM CITY, FL 34990 02222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent SHERLOCK, VIRGINIA P DO NOT WRITE 618 EAST OCEAN BOULEVARD STUART, FL IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME GAVIDIA, CESAR 4572 S.W. BRANCH TERRACE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 TITLE U000000837845 NAME GAVIDIA, GRISELDA 03/05/08-80006-020 150.00 STREET ADDRESS 4572 S.W. BRANCH TERRACE PALM CITY, FL 34990 CITY-ST-ZIP MLE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IM E NAME STREET ADDRESS Criy-ST-ZIP TITLE NAME

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 cett; 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

EXCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR