

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000072205

1. Entry Name
GIDEON GROUP HOME INC.



Principal Place of Business
**5791 N.W. 2ND STREET
MIAMI, FL 33126**

Mailing Address
**5791 N.W. 2ND STREET
MIAMI, FL 33126**



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139135	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEGRIN, SERGIO
5791 N.W. 2ND STREET
MIAMI, FL 33126**

**DO NOT WRITE
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 signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000116196
04/16/04-80054-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEGRIN, SERGIO
STREET ADDRESS	5791 N.W. 2ND STREET
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14/2004 305-362-6876
Date Daytime Phone #