2004 FOR PROFIT CORPORATION

FILED Apr 14, 2004 8:00 am Secretary of State 04-14-2004 90066 046 ***150.00 14002355 Chg-P CR2E034 (10/03) Applied For 65-1038056 Not Applicable \$8.75 Additional Fee Required ternan G 04/12/04. Change Addition Change Addition ☐ Change ☐ Addition

ANNUAL REPORT

DOCUMENT # P00000084355 1. Entity Name G.D. BROKER, INC. Principal Place of Business Mailing Address 9745 SUNSET DRIVE 9745 SUNSET DRIVE SUITE 114 B 114 B MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business 3. Mailing Address 12912 S.W. 133 CT Same Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 City & State City & State 4. FEI Number MiAMi Country Zip 5. Certificate of Status Desired Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAZ, HERNAN G ss (P.O. Box Number is Not Acceptable) 8101 SW 141 ST. #1 MIAMI, FL 33176 MILAMI 8. The above named purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept tity submits this the obligations of stered ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DIAZ, HERNAN G. 13650 S.W. 102 M LN TITLE TITLE Delete DIAZ, HERNAN G NAME NAME STREET ADDRESS 8701 SW 141 ST APT H-1 STREET ADDRESS MIAMI, FL 33186. CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP Delete TITLE TITLE Gutierrez, RAUL 8701 SW 141 ST APT H-1 **GUTIERREZ, RAUL** NAME NAME STREET ADDRESS 15420 SW 73RD LN #10 STREET ADDRESS CITY-ST-7IP 110Mi FL 33176 CITY-ST-7IP MIAMI, FL 33193 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 supplied entail 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 gritrustee empowered to execute mis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme NO OFFICER OR DIRECTOR