


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90033 009 \*\*\*158.75

<b>DOCUMENT # P00000103069</b>	
1. Entity Name <b>G Y &amp; CO DEVELOPMENT CORP.</b>	

Principal Place of Business <b>437 GOLDEN ISLES DR APT 16-D HALLANDALE, FL 33009</b>	Mailing Address <b>437 GOLDEN ISLES DR APT 16-D HALLANDALE, FL 33009</b>
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2. Principal Place of Business <b>5612 HARDING ST.</b>	3. Mailing Address <b>5612 HARDING ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>HOLLYWOOD FL</b>	City & State <b>HOLLYWOOD FL</b>
Zip <b>33021</b>	Country <b>USA</b>



01182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1056975</b>	Applied For <input type="checkbox"/> Not Applicable
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>BRAULT, MICHEL-CPA 7800 W OAKLAND PARK BLVD BUILDING G SUNRISE, FL 33351</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAMOTHE, NATHALIE 437 GOLDEN ISLES DR STE 16-D HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LAMOTHE, NATHALIE 5612 HARDING ST HOLLYWOOD, FL 33021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(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:** Nathalie Lamothe **NATHALIE LAMOTHE** **JAN 17, 04** **954-214-2088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #