


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90133 045 \*\*\*150.00

<b>DOCUMENT # P00000109092</b> 1. Entity Name <b>G &amp; P IMPORT AND EXPORT, INC.</b>					
Principal Place of Business <b>2190 N.E. 4TH STREET POMPAÑO BEACH FL 33062</b>			Mailing Address <b>2190 N.E. 4TH STREET POMPAÑO BEACH FL 33062</b>		
2. Principal Place of Business <b>5401 N.W. 102nd Avenue</b>		3. Mailing Address <b>5401 N.W. 102nd Avenue</b>			
Suite, Apt. #, etc. <b>Bay # 116</b>		Suite, Apt. #, etc. <b>Bay # 116</b>			
City & State <b>Sunrise, FLORIDA</b>		City & State <b>Sunrise, FLORIDA</b>		4. FEI Number <b>65-1061189</b>	
Zip <b>33351</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOSCH, JAIRO 5440 N STATE ROAD (441) SUITE #5 FORT LAUDERDALE FL 33319</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>QUINTANA, FERNANDO</b> <b>4821 KENSINGTON CIRCLE</b> <b>CORAL SPRINGS FL 33076</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FUNCKE, JEANINE M.</b> <b>5266 N.W. 117th Avenue</b> <b>Coral Springs, FL 33076</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ACOSTA, JORGE E</b> <b>4821 KENSINGTON CIRCLE</b> <b>CORAL SPRINGS FL 33076</b> <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.					
<b>SIGNATURE: JORGE E. ACOSTA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04/04/05</b> <small>Date</small>		
<b>(754) 368-6518</b> <small>Daytime Phone #</small>					