2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AV **Secretary of State** DOCUMENT # P01000018070 1. Entity Name GNT ENTERPRISES, INC. 2-36 30 3 - HONE HOUSE Mailing Address Principal Place of Business 12157 S APOPKA VINELAND D. 9406 WICKHAM WAY GRLANDO, FL 32836 ORLANDO, FL 32836 Section 1 CR2E034 (10/03) 04252005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3698849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, **PSTD** TITLE MIR, MUMTAZ H NAME STREET ADDRESS 12157 S APOPKA VINELAND D. U00000352299 ORLANDO, FL 32836 CITY-ST-ZIP 05/03/05-80021-024 150.ng TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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.

Date

Daytime Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED