## **FILED** Apr 28, 2004 08:00 AM Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000027795 1. Entity Name G.C.F. & SONS, CORP. Mailing Address Principal Place of Business 6980 NW 186 ST. #127 6980 NW 186 ST. #127 MIAMI, FL 33015-8305 MIAMI, FL 33015-8305 04192004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1086024 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CAYO, GUILLERMO DO NOT WRITE 6980 NW 136 ST. #127 MIAMI, FL 33015-8305 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 reinstating) W00000136376 9. Election Campaign Financing \$5.00 May Be 04/28/04-80089-016 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CAYO, GUILLERMO STREET ADDRESS 6980 NW 136 ST. #127 MIAMI, FL 330158305 CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the Information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and facturate 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 toje-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 atachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS GITY-ST-ZIP

SIGNATURE: