

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046062

FILED
Feb 20, 2004
Secretary of State

Entity Name: GAPICATAAL INC.

Current Principal Place of Business:

4525 W 20TH AVENUE
C 320
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4525 W 20TH AVENUE
C 320
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1112691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPOTE, GASTON R
4525 W 20TH AVENUE
C 320
HIALEAH, FL 33012

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRE. () Delete
Name: CAPOTE, GASTON R PRE.
Address: 190 HOSTOS AVE. PH 15
City-St-Zip: SAN JUAN, PR 00918 PR

Title: V.P. () Delete
Name: GONZALEZ, PILAR E V.P.
Address: 190 HOSTOS AVE. PH 15
City-St-Zip: SAN JUAN, PR 00918 PR

Title: SEC. () Delete
Name: CAPOTE, CARLOS A SEC.
Address: 190 HOSTOS AVE. PH 15
City-St-Zip: SAN JUAN, PR 00918 PR

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR. (X) Change () Addition
Name: CAPOTE, CARLOS A DIR.
Address: 190 HOSTOS AVE. PH 15
City-St-Zip: SAN JUAN, PR 00918 PR

Title: TRE. () Change (X) Addition
Name: CAPOTE, ALINA M TRE.
Address: 190 HOSTOS AVE. PH15
City-St-Zip: SAN JUAN, PR 00918

Title: SEC. () Change (X) Addition
Name: CAPOTE, TANIA M SEC.
Address: 3009 WHISPER LAKE LN. #C
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASTON CAPOTE

PRE.

02/20/2004

Electronic Signature of Signing Officer or Director

_____ Date