
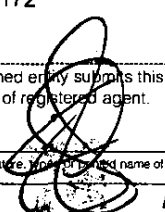
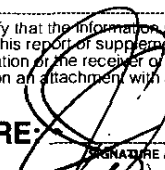


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90018 032 ***150.00

DOCUMENT # P01000047011 1. Entity Name G & C INVESTMENT CORP.					
Principal Place of Business 9682 FOUNTAINEBLAU BLVD. SUITE 405 MIAMI, FL 33172			Mailing Address 9682 FOUNTAINEBLAU BLVD. SUITE 405 MIAMI, FL 33172		
2. Principal Place of Business 2600 SW 128 AVE Suite, Apt. #, etc.			3. Mailing Address 2600 SW 128 AVE Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State MIAMI FL		
Zip 33175		Country		Zip 33175	
Country		4. FEI Number 65-1101783			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRIDO, JORGE 9682 FOUNTAINEBLAU BLVD. SUITE 405 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name GARRIDO, JORGE Street Address (P.O. Box Number is Not Acceptable) 2600 SW 128 AVE City MIAMI FL Zip Code 33175		
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 *  DATE 05-13/04 <small>Signature, name, and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GARRIDO, JORGE 9682 FOUNTAINEBLAU BLVD. MIAMI, FL 33172 <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 *  05-13/04 (305) 551-2287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					