
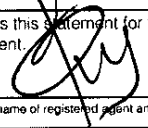
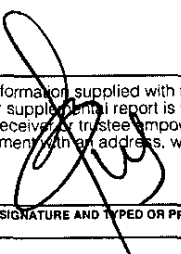


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90019 010 \*\*\*150.00

<b>DOCUMENT # P01000049503</b> 1. Entity Name <b>GENERAL MANAGEMENT AND SERVICE ENTERPRISE INC.</b>			
Principal Place of Business <b>4490 W FLAGLER ST, #4 MIAMI, FL 33134</b>		Mailing Address <b>4490 W FLAGLER ST, #4 MIAMI, FL 33134</b>	
2. Principal Place of Business <b>14901 SW 4th STREET</b> Suite, Apt. #, etc. <b>APT A-2</b>		3. Mailing Address <b>14901 SW 4th STREET</b> Suite, Apt. #, etc. <b>APT A-2</b>	
City & State <b>Pembroke Pines FL</b>		City & State <b>Pembroke Pines FL</b>	
Zip <b>33027</b>		Country <b>BROWARD</b>	
4. FEI Number <b>65-1106911</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>OLIVE, JUAN C 1163 NW 124 AVE PEMBROKE PINES, FL 33026</b>		7. Name and Address of New Registered Agent Name <b>OLIVE JUAN C</b> Street Address (P.O. Box Number is Not Acceptable) <b>14901 SW 4th STREET APT A-2</b> City <b>Pembroke Pines</b> FL Zip Code <b>33027</b>	
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  <b>JUAN CARLOS OLIVE President</b> <b>3-10-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	P OLIVE, JUAN C 1163 NW 124 AVE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JUAN C. OLIVE 14901 SW 4th ST APT A-2 Pembroke Pines FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OLIVE, MAHE F 1163 NW 124 AVE PEMBROKE PINES, FL 33026 <input checked="" 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	D OLIVE, JUAN C. JR 1163 NW 124 AVE PEMBROKE PINES, FL 33026 <input checked="" 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	DS RODRIGUEZ, PATRICIA 6960 NW 174 TERRA APT. 708 MIAMI, FL 33015 <input checked="" 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	D OLIVE, NILDA 1163 NW 174TH AVE. PEMBROKE PINES, FL 33026 <input checked="" 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	VD CARLOS E. GONZALEZ 14901 SW 4th STREET APT. A-2 PEMBROKE PINES FL 33027 <input type="checkbox"/> Change <input checked="" 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:  <b>JUAN C. OLIVE President</b> <b>3/10/04</b> <b>305-681-2677</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			