


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000051329</b> 1. Entity Name <b>G.F.B. MANAGEMENT GROUP, INC.</b>	
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Principal Place of Business <b>15906 SW 17 STREET DAVIE, FL 33326</b>	Mailing Address <b>15906 SW 17 STREET DAVIE, FL 33326</b>
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**DO NOT WRITE IN THIS SPACE**



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1107929</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>CORADO, CINDY D 15906 SW 17 STREET DAVIE, FL 33326</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CORADO, PEDRO R 15906 SW 17 STREET DAVIE, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CORADO, CINDY D 15906 SW 17 STREET DAVIE, FL 33326
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05/10/04-80008-011 150.00

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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:** C. D. Corado 5/5/04 954-325-0591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #