


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90004 044 ***150.00

DOCUMENT # P01000071727		
1. Entity Name G & I PROPERTIES MANAGEMENT, INC.		

Principal Place of Business 280 NW 121 COURT MIAMI, FL 33182	Mailing Address 280 NW 121 COURT MIAMI, FL 33182
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2. Principal Place of Business 16711 COLLINS AVE	3. Mailing Address 16711 COLLINS AVE
Suite, Apt. #, etc. 806	Suite, Apt. #, etc. 806

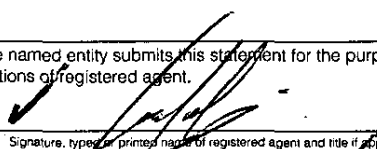
City & State Sunny Isles Beach FL	City & State Sunny Isles Beach FL
Zip 33160	Zip 33160
Country MIAMI DADE	Country MIAMI DADE



03062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1123363		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 GONZALEZ, GUSTAVO 280 NW 121 COURT MIAMI, FL 33182		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVE #806 City Sunny Isles Beach FL Zip Code 33160		

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.

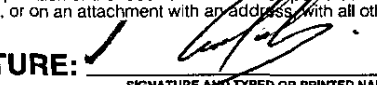
SIGNATURE:  DATE: **13/10/04**

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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, GUSTAVO 280 NW 121 COURT MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16711 COLLINS AVE #806 Sunny Isles Beach FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, ILEANA M 280 NW 121 COURT MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16711 COLLINS AVE #806 Sunny Isles Beach FL 33160
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
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
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
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:  DATE: **13/10/04** Daytime Phone #: **305 945-4897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR