

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# P01000097728

1. Entity Name
G & A REAL ESTATE, INC.



04 MAR 19 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

Mailing Address
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, DANIEL D
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$450.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fee

900031287349
03/26/04--01094--005 **150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREGORY, DANIEL D
STREET ADDRESS 5455 SOUTH UNIVERSITY DR.
CITY-ST-ZIP DAVIE, FL 33328

TITLE STD
NAME AICHER, KEVIN R
STREET ADDRESS 5455 SOUTH UNIVERSITY DR.
CITY-ST-ZIP DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 Date

Daytime Phone #