2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

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DOCUMENT # P01000101921 1. Entity Name G.M.I. HOLDINGS GROUP, INC.			Secretary of State			
Principal Place	e of Business	Mailing Address				
5801 NW 12	2 DRIVE	5801 NW 122 DRIVE				
CORAL SPRIM	VGS, FL 33076	CORAL SPRINGS, FL 33076				
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2**	A NOT WOITE	^_	02102004	NO CHIG-F	CH2E004 (10/00)	
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		<u>.</u>		65-115	1436	Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional
. , <u></u>						Fee Required
	8. Name and Address of Current Re	eglatered Agent			Ave. 4. A	
GREEN, STEVE					4 F/CPP 14/	ing Englishme
5801 NW 1		DO NOT WRITE				
CORAL SPRINGS, FL 33076			IN THIS SPACE			
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B. The state of th						
 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. 						
ente de Martin a la d e transfer de tran A la de transfer d						
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent argual are required when rematating) DATE						
Manager 1 Story on the supplication of the sup						
FILE NOWIN FEE IS \$150.00 9. Election Campaign Finan				.00 May Be	U0000001	.16082 90049-018 150.00
After Ma	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	CI 400	led to Fees	ס־דיט עסג גדיט ()()()43010
10.	OFFICERS AND D	IAECTORS			'	· · · · · · · · · · · · · · · · · · ·
TIALE	D		1			
NAME	GREEN, STEVE		l			
STREET ADDRESS	5371 NW 33RD AVE 6UITE 204		1			
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		1			
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STREET ADDRESS			1			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this report or supplier partial report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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:

OR PRINTED NAME OF SCHING DEFICER OR DIRECTOR

4/12/04

954 575 855