## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000117246**

1. Entity Name G & C USA CORP.

Principal Place of Business

55 WEST 29 ST

SUITE 1

HIALEAH, FL 33012

Mailing Address

55 WEST 29 ST SUITE 1

HIALEAH, FL 33012

## **FILED** Jan 15, 2004 08:00 AM Secretary of State



01132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 41-2024457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, HEREDIO 55 W. 29 ST, #1

## DO NOT WRITE

HIALEAH, FL 33012			IN THIS SPACE			
the obligat	tions of registered agent.	urpose of changing its registered o	office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Senature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent sign.				ignature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	° 🗆	\$5.00 May Be Added to Fees		
10.	ÖFFICERS AND DIREC	TÓRS				
TITLE NAME STREET ADDRESS CITY-ST-289	PTD GONZALEZ, BLANCA 55 WEST 29 ST SUITE 1 HIALEAH, FL 33012					
TITLE NAME STREET ADDRESS CITY-ST ZIP	SD GONZALEZ, HEREDIO 55 WEST 29 ST SUITE 1 HIALEAH, FL 33012	-	T.		U00 <b>000005</b> 279 01/15/04-80048-002 150.80	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				7 11	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN -	THIS SPACE	
TITLE NAME STREET AODRESS CITY-ST-ZIP						
TRILE NAME STREET ADDRESS CITY-ST-ZIP						

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 except the true and except the supplemental 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:

CHING OFFICER OR DIRECTOR