



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90190 022 ***150.00

DOCUMENT # P02000021047					
1. Entity Name G.N. CONSTRUCTION GROUP, INC.					
Principal Place of Business 2700 SW 193 TERRA MIRAMAR, FL 33029			Mailing Address 2700 SW 193 TERRA MIRAMAR, FL 33029		
2. Principal Place of Business 1779 WEST 37TH STREET Suite, Apt. #, etc. SUITE 15 City & State HIALEAH, FL Zip 33012 Country USA		3. Mailing Address 1779 WEST 37TH STREET Suite, Apt. #, etc. SUITE 15 City & State HIALEAH, FL Zip 33012 Country USA			
				04272004 Chg-P CR2E034 (10/03)	
				4. FEI Number 90-0071454	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREIRE, GISELLE 2700 SW 193 TERRA MIRAMAR, FL 33029			7. Name and Address of New Registered Agent Name GISELA VALLADARES Street Address (P.O. Box Number is Not Acceptable) 1779 WEST 37TH STREET SUITE 15 City HIALEAH FL Zip Code 33012		
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: <u>G. Valladares</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/30/04</u>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FREIRE, GISELLE 2700 SW 193 TERRA MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GISELA VALLADARES 1779 WEST 37TH STREET SUITE 15 HIALEAH, FL 33012 <input type="checkbox"/> Change <input checked="" 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	
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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: <u>G. Valladares</u> DATE: <u>4/30/04</u> (305) 557-1965					