FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

HILEU HUBRETARY OF STATE HISTON OF CORPORATIONS

03 OCT -6 PM 12: 14

DOCUMENT # P02000021047

1. Entity Name

G.N. CONSTRUCTION GROUP INC,								
	OO NOT WRITE	IN THIS S	PAC	E				
Principal Place of Business 3. Mailing Address				<u></u>	!	•		
2700 S.W. 193 TERRA 2700 S.W. 193			93 TI	ERRA				
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5/6/1) 3 DO NOT WRITE	IN THIS SPACE	003 \$150.	
City & State		City & State			4 FFI Number Applied For			
MIRAMA	,	MIRAMAR, FL.			90-0071454 Not Applicable			
Zip 3302	Country USA	33029	Coun	trv JSA	5. Certificate of Status Desired		.75 Additional Required	
3 3 1 4 2 7				Name	7. Name and Address of Current R	egistered Ag	ent	
					ELLE FREIRE			
DO NOT WRITE					P.O. Box Number is Not Acceptable) S.W. 193 TERRA			
	IN THIS SP	ACE		2/00	5.W. 193 TEKKA		 -	
				City Zip Code				
			<u>``</u>	MIRA		_ <u> </u>	33029	
the obligation	named entity submits this statement for one of registered agent.		Ţ	d Agent signature requirer	•	DATE	ar with, and accept	
Jan	uary 1 - Mdy 1 Fee Is \$150:00 After May 1, Fee Is \$550:00 Amended UBR is \$61:25 Payable to Florida Department of	, as , as	TC. Registere	o Agent agriculte require	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	131.1 112.1		***				
TITLE	PST		TITLE	ſ	The second secon		88	
NAME	GOSELLE FREIRE		NAM	E Et address			(12)	
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	MIRAMAR. FL 33029		TITLE				CR2E034B (12/02	
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CITY-ST-ZIP				-ST-ZIP	\$ - 1			
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12. Thereby 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 on an attachment with an address, with all otiger like empowered.

NAME

TITLE

NAME: Street address:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

21	CI	J۸	TI	IP	₣.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

G.N. CONSTRUCTION GROUP, INC 2700 S.W. 193 TERRA MIRAMAR, FL 33029

Doc. #P02000021047

October 1, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2003. Reason being, the mailing address is wrong. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the Internet. She also told me that I need it to write a letter explaining what had happened, so your office could review my case and attached a \$150.00 check with the annual report. I'm sending it to your office the way I was instructed by your office. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours,

President