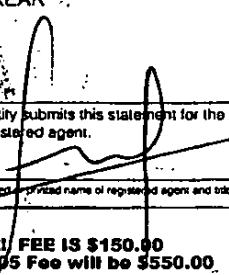
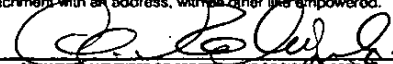


FILED
Apr 01, 2005 8:00 am
Secretary of State

03-09-2005 90034 050 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000034866		
1. Entity Name GPC MIAMI INC.		
Principal Place of Business 4404 NW 109TH PASS MIAMI, FL 33178		Mailing Address 801-B S.W. 8 ST. REAR MIAMI, FL 33130
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAZA, JESUS ALBERTO 801-B S.W. 8 ST. REAR MIAMI, FL 33130		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 remitting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	TD	DO NOT WRITE IN THIS SPACE
NAME	DAZA, LISSETTE	
STREET ADDRESS	NUEVA ESPERANZA CALLE 182 #105 B-59	
CITY - ST - ZIP	VENEZUELA,	
TITLE	VD	
NAME	DAZA, JESUS RAFAEL	
STREET ADDRESS	NUEVA ESPERANZA CALLE 182 #105 B-59	
CITY - ST - ZIP	VENEZUELA,	
TITLE	PD	
NAME	DAZA, JESUS ALBERTO	
STREET ADDRESS	PALMA REAL 8 PIZO APT. 1-B	
CITY - ST - ZIP	SAVANA LARGA VAL CARB., VENZ.	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
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 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, without other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		3/30/05 DATE DAYTIME PHONE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0008116	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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