2005 FOR PROFIT CORPORATION ANNUAL REPORT

3

FILED
Apr 01, 2005 8:00 am
Secretary of State
03-09-2005 90034 050 ***150.00

DOCUMENT # P02000034866

1. Entity Name
GPC MIAMI INC.

Principal Place of Business	Mailing Address
4404 NW 109TH PASS MIAMI, FL 33178	801-B S.W. 8 ST. REAR MIAMI, FL 33130

66008111

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0008116
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ – **$8.75** Additional Fee Required

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 _____ 3/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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 B PIZO APT.1-B
CITY-ST-ZIP	SAVANA LARGA VAL.CARB., VENZ.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/30/2005 7858006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #