

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90029 046 ***150.00

DOCUMENT # P02000037041					
1. Entity Name G.A.C. MEDICAL INC.					
Principal Place of Business 18984 NW 57TH AVE., #108 MIAMI, FL 33015			Mailing Address 18984 NW 57TH AVE., #108 MIAMI, FL 33015		
2. Principal Place of Business 330 S.W. 27TH AVE Suite, Apt. #, etc. # 303		3. Mailing Address SAME			
City & State MIAMI, FL		City & State		4. FEI Number 04-3640493	
Zip 33135		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, RAMON 18984 NW 57TH AVE., #108 MIAMI, FL 33015			7. Name and Address of New Registered Agent -Name- Street Address (P.O. Box Number is Not Acceptable) 330 S.W. 27TH AVENUE # 303 City MIAMI FL Zip Code 33135		
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>Ramon Gutierrez, Pres</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME GUTIERREZ, RAMON STREET ADDRESS 18984 NW 57TH AVE., #108 CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME GUTIERREZ, LESTER STREET ADDRESS 18984 NW 57TH AVE., #108 CITY-ST-ZIP MIAMI, FL 33015	<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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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>Ramon Gutierrez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/15/04 Date Daytime Phone #		

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