

Sent By: RIO SMIDHUM & MANLEY;


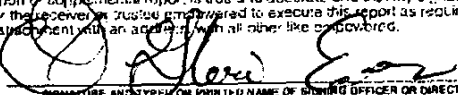
813 877 1050;

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FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90162 012 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000049335					
1. Entity Name G & E ENTERPRISES OF TAMPA, INC.					
Principal Place of Business 310 W. WEST ST. TAMPA, FL 33602		Mailing Address 310 W. WEST ST. TAMPA, FL 33602			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0438974	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENRIQUEZ, GLORIA 310 W. WEST ST TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENRIQUEZ, GLORIA		NAME		
STREET ADDRESS	310 W. WEST ST.		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33602		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENRIQUEZ, EMILIO		NAME		
STREET ADDRESS	310 W. WEST ST.		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33602		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 corporations.					
SIGNATURE: 			04/29/05		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

20050400



04292005 Chg-P CR2E034 (10/03)

4. FEI Number
03-0438974

Applied For
No: Applicable

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

**ENRIQUEZ, GLORIA
310 W. WEST ST
TAMPA, FL 33602**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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CITY-STATE-ZIP	TAMPA, FL 33602		CITY-STATE-ZIP		
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CITY-STATE-ZIP	TAMPA, FL 33602		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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SIGNATURE:  04/29/05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE