2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2004 08:00 AM Secretary of State DOCUMENT # P02000102410 1. Entity Name G.F.P. WINDOWS, CORP. Principal Place of Business Mailing Address 1820 W 63RD ST 1820 W 63RD ST HIALEAH, FL 33012 HIALEAH, FL 33012 05062004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0536947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, JORGE F DO NOT WRITE 1820 W 63RD ST HIALEAH, FL 33012 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 rematating) DATE 9. Election Campaign Financing FILE NOW!!! FEE !\$ \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000159376 NAME PEREZ, JORGE F 05/10/04-80027-007 150.00 STREET ADDRESS 1820 W 63RD ST CITY-ST-ZIP HIALEAH, FL 33012 IIILE NAME STREET ADDRESS CITY-ST-ZIP 31111 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 trusted 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 indigest, pith all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BIGNATUREARD

FILED