

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90027 016 ***150.00

DOCUMENT # P02000117691

1. Entity Name
G.D.P. LIBRARY & BOOKSTORE, INC.



Principal Place of Business
**13926 SW 47TH ST.
MIAMI, FL 33175**

Mailing Address
**13926 SW 47TH ST.
MIAMI, FL 33175**

44049235



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0898581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GREEN, JERRY
9200 SOUTH DADELAND BLVD., SUITE 700
MIAMI, FL 33156**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MATTIA, ANTONIO 13301 SW 2ND STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MATTIA, MICHAEL A 13301 SW 2ND STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MATTIA, ELVA 13301 SW 2ND STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MATTIA, MARC A 15365 SW 104TH TERRACE, UNIT 3 MIAMI, FL 33196
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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karel Perez 7/15/04 305-220-4120
Ext 2405

Attachment

44049235

P02000117691

City of Miami, July 15th 2004.

To: Florida Dept. of State.
Division of Corporations

From: Karel Perez at GD'P Library and Bookstore.

Dear Director, here I send you the 2004 For Profit Corporation Annual Report.
~~Unfortunately we did not received the corresponding notification of the payment~~
we had to do, so please excuse us and accept this payment for the Report
corresponding to this year.

Best Regards

Karel Perez

7/15/04