


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 013 ***158.75

DOCUMENT # P02000128161			
1. Entity Name G.T. CONSTRUCCION INC.			
Principal Place of Business 7500 POWERS AVE. #64 JACKSONVILLE, FL 32217		Mailing Address 7500 POWERS AVE. #64 JACKSONVILLE, FL 32217	
2. Principal Place of Business <i>5256 Colonial Ave</i>		3. Mailing Address <i>The Samul</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State	
Zip <i>32210</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 02-0665855		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, GUSTAVO A 3952 ATLANTIC BLVD, APT L9 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name <i>Libertad Rodriguez</i> Street Address (P.O. Box Number is Not Acceptable) <i>5256 Colonial Ave</i> City <i>Jacksonville</i> FL Zip Code <i>32210</i>	
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 <i>[Signature]</i>		SIGNATURE <i>Libertad Rodriguez</i> DATE <i>01/06/04</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, GUSTAVO A 7500 POWERS AVE. #64 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, GUSTAVO A 5052 Colonial AVE JAX, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIETO, LEOBARDO G 7500 POWERS AVE. #11 JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Libertad Rodriguez 2766 Roselle ST OAK, FL, 32205 <input checked="" type="checkbox"/> Change <input checked="" 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
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
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
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
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: <i>[Signature]</i>		SIGNATURE <i>Gustavo A. Torres</i> DATE <i>01/06/04</i> DAYTIME PHONE # <i>(904)619-0691</i>	