

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90002 007 \*\*\*150.00

<b>DOCUMENT # P02000129674</b> 1. Entity Name <b>G.C. ENTERPRISES GROUP, INC.</b>					
Principal Place of Business <b>11552 NW 43 TERRACE MIAMI, FL 33178</b>			Mailing Address <b>11552 NW 43 TERRACE MIAMI, FL 33178</b>		
2. Principal Place of Business <b>11520 NW 67 Terrace</b>		3. Mailing Address <b>11520 NW 67 Terrace</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI - Florida</b>		City & State <b>MIAMI - Florida</b>		4. FEI Number <b>47-0902908</b>	
Zip <b>33178</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>RIOS, ELSA C 1800 W 49 ST STE 301 HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>VP</b>	NAME <b>NUNEZ, GABRIELA</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>11552 NW 43 TERRACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33178</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>PSTD</b>	NAME <b>CANOVAS, MERCEDES</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>11552 NW 43 TERRACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33178</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b>			<b>7/18/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		