2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
04-23-2004 90231 021 ***150.00

DOCUMENT # P03000024307

1. Entity Name
GENTECH TRADING AND SERVICES, INC.

Principal Place of Business	Mailing Address
3618 W ROGERS AVE #6 TAMPA, FL 33611	3618 W ROGERS AVE #6 TAMPA, FL 33611

00420403

03222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9404 N. 16th St. Suite, Apt. #, etc.	9404 N. 16th St. Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33612 Country: USA	Zip: 33612 Country: USA

4. FEI Number: 65-1178875 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAVELLANA, HUMBERTO 3618 W ROGERS AVE #6 TAMPA, FL 33611	Name Street Address (P.O. Box Number is Not Acceptable): 9404 N 16th St. City: Tampa FL Zip Code: 33612

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ALMEDA, BERT A 15013 MYSTIC WAY TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIAS, FELIX 8000 NW 47TH ST OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAVELLANA, HUMBERTO 3618 W ROGERS AVE #6 TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9404 N. 16th St. Tampa, FL 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUELO, ROBERTO R 16409 ASHWOOD DR TAMPA, FL 336241152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, ROLAND 15002 ARBOR RESERVE CIRCLE #102 TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UY, EFREN 263 PHARMACY AVE, #610 SCARBOROUGH, ONTARIO, CANADA, M1L 3E8	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X HUMBERTO G. JAVELLANA 4-21-04 (813) 930-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #