

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-08-2004 90125 003 ***150.00

DOCUMENT # P03000033918 1. Entity Name GAOS, INC.			
Principal Place of Business 401 SW 8TH CT., #4 MIAMI, FL 33130		Mailing Address 401 SW 8TH CT., #4 MIAMI, FL 33130	
2. Principal Place of Business 3569 SW 158 LA		3. Mailing Address 3569 SW 158 LA	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State OCALA FL		City & State OCALA FL	
Zip 34473		Zip 34473	
Country 		Country 	
4. FEI Number 20-1468203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAFFNER, OSVALDO 401 SW 8TH CT., #4 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3569 SW 158 LANE City OCALA FL Zip Code 34473	
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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 9/2/4	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAFFNER, OSVALDO 401 SW 8TH CT., #4 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D T 3569 SW 158 LA OCALA FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINER, GABRIELA 401 SW 8TH CT., #4 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D S 3569 SW 158 LA OCALA FL 34473
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9/2/4 Daytime Phone #	