
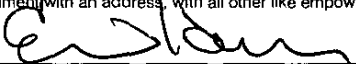


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90060 012 \*\*\*158.75

<b>DOCUMENT # P03000039459</b> 1. Entity Name <b>G.C. HOMES OF BROWARD, INC.</b>					
Principal Place of Business <del>13032 S.W. 43RD CT.</del> <b>MIAMI, FL 33186</b>			Mailing Address <del>13032 S.W. 43RD CT.</del> <b>MIAMI, FL 33186</b>		
2. Principal Place of Business <b>14600 S.W. 136 Street</b> Suite, Apt. #, etc.			3. Mailing Address <b>111 S.W. 3rd Street</b> Suite, Apt. #, etc. <b>Sixth Floor</b>		
City & State <b>Miami, Florida</b>			City & State <b>Miami, Florida</b>		
Zip <b>33186</b>		Country <b>USA</b>		Zip <b>33130</b>	
Country <b>USA</b>		4. FEI Number <b>54-2106801</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRIS, ELLIOTT</b> <b>111 S.W. 3RD ST. 6TH FLOOR</b> <b>MIAMI, FL 33130</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GARCIA-CARRILLO, PEDRO</b> <del>13032 S.W. 43RD CT.</del> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GARCIA-CARRILLO, MICHAEL</b> <del>13032 S.W. 43RD CT.</del> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CASTELLANOS, RAIMUNDO</b> <del>13032 S.W. 43RD CT.</del> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>GARCIA-CARRILLO, PEDRO JR.</b> <del>13032 S.W. 43RD CT.</del> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>HARRIS, ELLIOTT</b> <b>111 S.W. 3RD ST., SIXTH FLOOR</b> <b>MIAMI, FL 33130</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14600 S.W. 136 Street</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14600 S.W. 136 Street</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14600 S.W. 136 Street</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14600 S.W. 136 Street</b>				
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"/> 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>Elliott Harris</b> <b>1/23/04</b> <b>(305) 358-0146</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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