

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000052804

1. Entity Name
G.M.N. SERVICE, INC.



Principal Place of Business
1381 N.W. 144TH AVE
PEMBROKE PINES, FL 33028

Mailing Address

1381 N.W. 144TH AVE
PEMBROKE PINES, FL 33028

2. Principal Place of Business
12742 SW. 49th. Ct.
Suite, Apt. #, etc.

3. Mailing Address
12742 SW. 49th. Ct.
Suite, Apt. #, etc.

City & State
Miramar, Florida
Zip 33027

City & State
Miramar, Fl.
Zip 33027

4. FEI Number
04-3756553

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACEVEDO, GUSTAVO
1381 N.W. 144TH AVE
PEMBROKE PINES, FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

12742 SW. 49th. Ct.

City
Miramar

FL Zip Code
33027

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

✓ Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-26-04

**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 DP
NAME ACEVEDO, GUSTAVO
STREET ADDRESS 1381 N.W. 144TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12742 SW. 49th. Ct.
Miramar, Fl. 33027

TITLE DV
NAME ACEVEDO, LUZ M
STREET ADDRESS 1381 N.W. 144TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12742 SW. 49th. Ct.
Miramar, Fl. 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

02-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
May 12, 2004 8:00 am
Secretary of State**

05-12-2004 90208 019 ***150.00



02262004 Chg-P CR2E034 (10/03)