

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90010 019 ***150.00

DOCUMENT # P03000069378

1. Entity Name
G & P GENERAL BUSINESS, CORP.



Principal Place of Business
**20355 NE 34TH CT.
APT. 2122
AVENTURA, FL 33180**

Mailing Address
**20355 NE 34TH CT.
APT. 2122
AVENTURA, FL 33180**

54008232

2. Principal Place of Business

3215 NE 184 ST Ste 14302
Suite, Apt. #, etc. **Ste 14302**
City & State **Miami, FL**
Zip **33160** Country

3. Mailing Address

3215 NE 184 ST Ste 14302
Suite, Apt. #, etc. **Ste 14302**
City & State **Miami, FL**
Zip **33160** Country



02162004 Chg-P CR2E034 (10/03)

4. FEI Number **27-0061778** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSTOS, JOSE R
20355 NE 34TH CT.
APT. 2122
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **Jose R. Bustos**
Street Address (P.O. Box Number is Not Acceptable)
14302 NE 184 ST Ste 14302
City **Miami** FL Zip Code **33160**

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

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUSTOS, JOSE R 20355 NE 34TH CT. APT. 2122 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ESCOBAR, GLORIA J 20355 NE 34TH CT. APT. 2122 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Jose R. Bustos 14302 NE 184 ST Ste 14302 Miami, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vicepresident 14302 NE 184 ST Ste 14302 Miami, FL 33160
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
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #