

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90003 015 \*\*\*150.00

DOCUMENT # P03000070010

1. Entity Name  
GDG MORTGAGE COMPANY



Principal Place of Business  
1900 SW 3 AVE  
MIAMI, FL 33129

Mailing Address  
1900 SW 3 AVE  
MIAMI, FL 33129

54072036

2. Principal Place of Business

4702 SW 67 AVE

3. Mailing Address

4702 SW 67 AVE

Suite, Apt. #, etc.

UNIT 0-1

Suite, Apt. #, etc.

UNIT 0-1

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

08252004

Chg-P

CR2E034 (10/03)

4. FEI Number

05-0574964

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, GARY D  
1900 SW 3 AVE  
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

GARY D GRAY

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

4702 SW 67 AVE

City

UNIT 0-1

MIAMI

FL

Zip Code

33155

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$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

TITLE D  
NAME GRAY, GARY D  
STREET ADDRESS 1900 SW 3 AVE  
CITY-ST-ZIP MIAMI, FL 33129

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GARY D GRAY  
STREET ADDRESS 4702 SW 67 AVE UNIT 0-1  
CITY-ST-ZIP MIAMI, FL 33155

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 authorized signatories.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

9/1/04 7862477289