


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90409 008 \*\*\*150.00

|   |                                 |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
|---|---------------------------------|---|-----------------------|---------------------------------|------|-------------------------|--|----------------|-----------------|--|-------------|--|--|---|--|-------|-----------------------|--|------|---------------------------------|--|----------------|-----------------|--|-------------|--|--|
| <b>DOCUMENT # P03000082213</b><br>1. Entity Name<br><b>GENERAL CLAIMS CONSULTANTS, INC.</b>   |                                 |    |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| Principal Place of Business<br><b>61 GRAND CANAL DRIVE<br/>SUITE 202B<br/>MIAMI, FL 33152</b>   |                                 | Mailing Address<br><b>61 GRAND CANAL DRIVE<br/>SUITE 202B<br/>MIAMI, FL 33152</b>   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| 2. Principal Place of Business<br><b>61 GRAND CANAL DRIVE<br/>SUITE 201<br/>MIAMI, FL<br/>33144 USA</b>   |                                 | 3. Mailing Address<br><b>61 GRAND CANAL DRIVE<br/>SUITE 201<br/>MIAMI, FL<br/>33144 USA</b>   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| 4. FEI Number<br><b>55-0841493</b>  |                                 | Applied For<br><input type="checkbox"/> Not Applicable  |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                                 | 04302004 Chg-P CR2E034 (10/03)  |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>   |                                 | 7. Name and Address of New Registered Agent<br>Name <b>PILA TOMAS A., ESQ.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3191 CORAL WAY<br/>SUITE 406</b><br>City <b>MIAMI</b> FL Zip Code <b>33145</b> |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| 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.<br>SIGNATURE: <b>APIL TOMAS A. PILA</b> DATE: <b>4/30/2004</b><br><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<br/>After May 1, 2004 Fee will be \$550.00</b>   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PSTD FORTUN, MANUEL P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2525 SW 3 AVE SUITE 304</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33129</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>   |                                 | TITLE   | PSTD FORTUN, MANUEL P | <input type="checkbox"/> Delete | NAME | 2525 SW 3 AVE SUITE 304 |  | STREET ADDRESS | MIAMI, FL 33129 |  | CITY-ST-ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PSTD FORTUN, MANUEL P</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>61 GRAND CANAL DRIVE, SUITE 201</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33144</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE | PSTD FORTUN, MANUEL P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 61 GRAND CANAL DRIVE, SUITE 201 |  | STREET ADDRESS | MIAMI, FL 33144 |  | CITY-ST-ZIP |  |  |
| TITLE   | PSTD FORTUN, MANUEL P           | <input type="checkbox"/> Delete   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| NAME  | 2525 SW 3 AVE SUITE 304         |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| STREET ADDRESS  | MIAMI, FL 33129                 |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| CITY-ST-ZIP   |                                 |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| TITLE   | PSTD FORTUN, MANUEL P           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| NAME  | 61 GRAND CANAL DRIVE, SUITE 201 |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| STREET ADDRESS  | MIAMI, FL 33144                 |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| CITY-ST-ZIP   |                                 |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |
| 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: <b>MANUEL P. FORTUN PRES.</b> DATE: <b>4/30/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |   |                       |                                 |      |                         |  |                |                 |  |             |  |  |   |  |       |                       |  |      |                                 |  |                |                 |  |             |  |  |

94079943

