


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90012 012 \*\*\*158.75

**DOCUMENT # P03000085883**

1. Entity Name  
**GMDV INC.**



Principal Place of Business  
**3043 CORAL RIDGE DR.  
 CORAL SPRINGS, FL 33065**

Mailing Address  
**3043 CORAL RIDGE DR.  
 CORAL SPRINGS, FL 33065**

**54062938**



2. Principal Place of Business  
**3240 N. W. 114th Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3240 N. W. 114th Lane**  
 Suite, Apt. #, etc.

07132004 Chg-P CR2E034 (10/03)

City & State  
**Coral Springs, FL**

City & State  
**Coral Springs**

Zip Country  
**33065 Broward**

Zip Country  
**33065 Broward**

4. FEI Number  
**51-0476935**

Applied For  
 Not Applied

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

6. Name and Address of Current Registered Agent  
**VALERO, DAVID**  
**3043 CORAL RIDGE DR.**  
**CORAL SPRINGS, FL 33065**


7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** 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 acknowledge the obligations of registered agent.

SIGNATURE  **DAVID VALERO** (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., this corporation did not receive the prior notice.

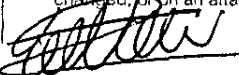
**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VALERO, DAVID</b>	
STREET ADDRESS	<b>3043 CORAL RIDGE DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VALERO, AGUSTIN</b>	
STREET ADDRESS	<b>3043 CORAL RIDGE DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
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, or on an attachment with an address, with all other like empowered.

 **DAVID VALERO**