
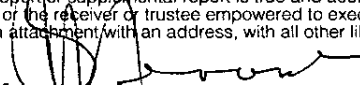


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90010 046 ***150.00

DOCUMENT # P03000086368 1. Entity Name GM SUN INVESTMENT INC.			
Principal Place of Business 2238 N. CYPRESS BEND DRIVE SUITE 701 POMPANO BEACH FL 33069		Mailing Address 2238 N. CYPRESS BEND DRIVE SUITE 701 POMPANO BEACH FL 33069	
2. Principal Place of Business 3100 SE PRUITT ROAD Suite, Apt. #, etc. G/302 City & State PORT ST. LUCIE, FL		3. Mailing Address 3100 SE PRUITT ROAD Suite, Apt. #, etc. G/302 City & State PORT ST. LUCIE, FL	
Zip 34952 Country U.S.A.	Zip 34952 Country U.S.A.	4. FEI Number 55-0851114	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GILLES, MENARD J 2238 N. CYPRESS BEND DRIVE SUITE 701 POMPANO BEACH FL 33069		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 accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME GILLES, MENARD J STREET ADDRESS 2238 N. CYPRESS BEND DRIVE CITY-ST-ZIP POMPANO BEACH FL 33069	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GILLES MENARD J STREET ADDRESS 3100 SE PRUITT ROAD, G/302 CITY-ST-ZIP PORT ST. LUCIE, FL 34952	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  GILLES J. MENARD		Date APRIL 7/04 Daytime Phone # (954) 815-6021	

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MOORE CR2E034 (11/03)