

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90180 016 \*\*\*150.00

**DOCUMENT # P03000091074**

1. Entity Name  
GP TRUCKS, INC.



Principal Place of Business  
3505 S OCEAN DR  
STE 1419  
HOLLYWOOD, FL 33019

Mailing Address  
3505 S OCEAN DR  
STE 1419  
HOLLYWOOD, FL 33019

24072133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0166213

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required-

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO, SYLVIA  
3505 S OCEAN DR  
STE 1419  
HOLLYWOOD, FL 33019

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D. ☐ Delete  
NAME SERRANO, SYLVIA  
STREET ADDRESS 3505 S OCEAN DR STE 1419  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE D ☒ Change ☐ Addition  
NAME SERRANO, SYLVIA  
STREET ADDRESS 3505 S OCEAN DR STE 1419  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☐ Delete  
NAME PEREZ, GONZALO A  
STREET ADDRESS 3505 S OCEAN DR STE 1419  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME PEREZ, GIOVANNY G  
STREET ADDRESS 3505 S OCEAN DR STE 1419  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/04

Daytime Phone #