


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90397 037 \*\*\*150.00

DOCUMENT # P03000121964			
1. Entity Name GAC ENTERPRISES INC			
Principal Place of Business 5601 NW 5 ST UNIT D-31 MIAMI, FL 33126		Mailing Address 5601 NW 5 ST UNIT D-31 MIAMI, FL 33126	
2. Principal Place of Business P.O. Box 520192		3. Mailing Address P.O. Box 520192	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami, FL	
33152 DADE		33152 DADE	
6. Name and Address of Current Registered Agent LACAYO, ANGEL 5601 NW 5 ST UNIT D-31 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: LACAYO, ANGEL St: 20431 N.W. 44th Ct City: Miami Gardens FL Zip Code: 33055	
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 _____ DATE _____ <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, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP LACAYO, ANGEL 5601 NW 5 ST UNIT D-31 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Angel Lacey</u>		Date: <u>4/20/06</u> Daytime Phone #: <u>786-299-0963</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	