
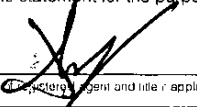


2007 FOR PROF CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 009 ***150.00

DOCUMENT # P0300013582			
1. Entity Name GMR FENCING, INC.			
Principal Place of Business 16920 SW 277 ST HOMESTEAD FL 33031		Mailing Address 16920 SW 277 ST HOMESTEAD FL 33031	
2. Principal Place of Business - No P.O. Box # 16920 SW 277 St		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMESTEAD FL		City & State	
Zip 33031	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent PETERSON, WADE C 234 N KROME AVE HOMESTEAD FL 33030		7. Name and Address of New Registered Agent Name MICHAEL RICE Street Address (P.O. Box Number is Not Acceptable) 16920 SW 277 St City HOMESTEAD FL Zip Code 33031	
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  MICHAEL RICE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title, if applicable. DATE 4-15-07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	DP RICE, MICHAEL 16920 SW 277TH ST HOMESTEAD FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD RICE, CECILIA 16920 SW 277TH ST HOMESTEAD FL 33031 <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 Section 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:

 **MICHAEL RICE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-2007** Daytime Phone **786 295 2797**