

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041423

Entity Name: GN HEALTHCARE ENTERPRISES, INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

2629 SW 147 AVE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

2629 SW 147 AVE
MIAMI, FL 33185

New Mailing Address:

FEI Number: 57-1200182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODARSE, GONZALO
2256 SW 156 CT
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NODARSE, GONZALO
Address: 7420 SW 153 CT, # 103
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: BADIA, GLADIS M VP
Address: 2256 SW 156 CT
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GONZALO NODARSE

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date