2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: <u>米</u>

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

## Mar 29, 2005 8:00 am **Secretary of State** DOCUMENT # P04000049657 1. Entity Name 03-29-2005 90024 049 \*\*\*150.00 GPEX, INC. Mailing Address Principal Place of Business 4730 NW 107 AVE #1101 4730 NW 107 AVE #1101 MIAMI FL 33178 **MIAMI FL 33178** 2. Principal Place of Business 47.38 NW 107TH 3. Mailing Address 107 TH 4738 NW MUE: Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 1207 APT 1207 APT DOLO! 4. FEI Number 20-1550242 Applied For City & State DORAL Not Applicable 33178-424 Country MIAMI DADE \$8.75 Additional 5. Certificate of Status Desired MIAMI DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEI EUU O MALDONADO MALDONADO, SELEUCIO Street Address (P.O. Box Number is Not Acceptable) 4730 NW 107 AVE #1101 APT 1207 **MIAMI FL 33178** 0019 8. The above named entity submits this state nent 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. (NOTE: Registered Agent signature required when reinstating) agent and title d applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 15 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition THTLE TITLE ☐ Defete MAIDONADO, Jelevad 4738 NW 107TH AVE APT DOTAL FL 33178 NAME MALDONADO, SELEUCIO NAME 4730 NW 107 AVE #1101 STREET ADDRESS 1207 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete THILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED