## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State** 03-03-2006 90104 047 \*\*\*150.00 **DOCUMENT # P04000079768** GULF COMPONENTS HOLDINGS, INC. Principal Place of Business Mailing Address 5100 NORTH FEDERAL HIGHWAY 5100 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suit 3, Apt. #, etc. Suite, Apt. #, etc. 02272006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 05-0602949 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOBIN & REYES, P.A. 7251 WEST PALMETTO PARK ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 205 BOCA RATON, FL, 33433 City Zin 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. Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE : ☐ Delete TITLE Change NAME RANEY, AUGUSTUS E JR. NAME STR 300 STREET A JORESS 5100 NORTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS 3508 CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RAICHE, JOANNE NAME NAME STE 300 5100 NORTH FEDERAL HIGHWAY, SUITE 300 STREET A )ORESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE TITLE Delete ☐ Addition NAME NAME STREET A DORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-IIII F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET A )DRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET A XORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hareby 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.

FILED Mar 03, 2006 8:00 am