


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90434 031 \*\*\*150.00

<b>DOCUMENT # P04000118321</b> 1. Entity Name <b>GVR INVESTMENTS CORPORATION</b>			
Principal Place of Business <b>11806 S W 93RD TERR MIAMI, FL 33186 US</b>		Mailing Address <b>11806 S W 93RD TERR MIAMI, FL 33186 US</b> <div style="text-align: center; margin-top: 10px;"><i>10537</i></div>	
2. Principal Place of Business <i>10537 NW 11th STREET</i>		3. Mailing Address <i>10537 NW 11th STREET</i>	
Suite, Apt. #, etc. <b>SUITE 202 BLDG 5</b>		Suite, Apt. #, etc. <b>SUITE 202 BLDG 5</b>	
City & State <b>PEMBROKE PINES FL</b>		City & State <b>PEMBROKE PINES FL</b>	
Zip <b>33026</b>	Country <b>U.S.</b>	Zip <b>33026</b>	Country <b>U.S.</b>
4. FEI Number <b>20-1492246</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WILSON, RENEE N 11806 S W 93RD TERR MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P <b>FERNANDES, CHRISTOPHER S</b> <b>11806 S W 93RD TERR</b> <b>MIAMI, FL 33186</b> <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	VP <b>WILSON, RENEE N</b> <b>11806 S W 93RD TERR</b> <b>MIAMI, FL 33186</b> <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	VP <b>FERNANDES, MARIE C</b> <b>11806 S W 93RD TERR</b> <b>MIAMI, FL 33186</b> <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Marie C. Fernandes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>April 25, 2005</i> Date Daytime Phone #	

**MARIE C. FERNANDES**