2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

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DOCUMENT # P04000130851 1. Entity Name G. SAN ENTERPRISES, INC.							04-17-20	06 90353	012 ***15	0.00	
Principal Plac	e of Business		Mailing Address			4002000					
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HIALEAH, FL			2420 W. 74TH STREET HIALEAH, FL 33016			ĺ					
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Suite, Apt.	. #, etc.	/	Suite, Apt. #, etc.	Suite, Aøt. #, etc.			Chg-P	CR2E	034 (11/05)		
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Zip Co		Country 11 C A	Zip 3201	Country A.	5. Certificate of Status Desire		sd \$8.75 Additional				
6. Name and Address of Current Regis			Pagistared Agent	V. 7/1	-	7 No	4 4 4 4		Fee Require	d	
, v. Raine and Audress of Current Registered Agent							d Address of Ne	w Registered	Agent		
SANCHEZ, GUILLERMO A								,	,	1	
l .						P.O. Box Numb	is Not Aces	ableix	<i>f</i> —		
HIALEAH, FL 33016					134	3 Way	80 -	>/ree/			
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City									1 7: 6		
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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, typed or printed name of registered agent and lifte if applicable. (NOTE: Registered Agent aignature required when revisitions) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution.									•		
10.		OFFICERS AND (DIRECTORS	11,		ADDITIONS	/ CHANGES TO	OFFICEDS AN	ID DIDECTOR	C 15.1.1	
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12. I hereby 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 trusted 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-2006

Daytime Phone #