2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM Secretary of State

ANNOAL NEFORT					Secretary of State			
DOCU 1. Entity Nam GCB SAL					cury or s			
Principal Plac	e of Business	Mailing Address			_			
2900 W. SAM		2900 W. SAMPLE ROAD						
K-4105 Pompano Beach, FL 33073		K-4105 POMPANO BEACH, FL 33073						
PUMPANU B	EACH, FE 33073	PUMPANO BEAGA, FE	. 33013				:	FF1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112006	Chg-P	CR2E034 (11/05)	
City & State		City & State	Cny & State		4. FEI Number 02-0731		} +`	opiled For of Applicable
Zip Country		Zip Country		try		of Status Desired	\$8.75 Ad	
		15-11-11-1			7. Name and Address of New Registered Agent			
6. Name and Address of Current Registered Agent				Name Name				
BLOCK, G			Stront Artitics		s (P.O. Box Number is Not Acceptable)			
K-4105	AMPLE ROAD		Street Addit			- S NOI Acceptant		
POMPAINO	D BEACH, FL 33073			City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	(e
8. The above the obligat	named entity submits this statementions of registered agent.	nt for the purpose of changing it	ts registere	ed affice ar register	red agent, or both	n, in the State of Fi	orida. I am familiar with,	and accept
SIGNATURE								
<u> </u>	Signature, typed or printed name of registered a	gent and title if applicable (NO	TTE. Registered	d Agent signature required	d when minstating!		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Camp Trust Fund Cor		icing \$5.	.00 May Be led to Fees			
10.	OFFICERS A	NO DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	D	☐ Delete	ture	}			☐ Change	Addition Addition
NAME	BLOCK, GLENN C	. – NAN		. (Uoono	0477704	
STREET ADDRESS '	2900 W. SAMPLE ROAD POMPANO BEACH, FL 3307		STREET ADDRESS COTY-ST-ZIP				0472794 -80009-801 1	50 BD
TITLE	7 7 000 7 110 027011,1 2 0001	□ Dotete 1177				00100100	<u>Change</u> ☐ Change	Addition
NAME		∠ Ducto	NAME	· ·				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	<u></u> _		CSTY					
TITLE NAME	☐ Deteta		Tetle Name				Change	☐ Addition
STREET ADDRESS			1	ET ADDRESS				
E117-51-21P				-S7-Z#				
TITLE		☐ Defele	SITLE			-,	☐ Change	☐ Addition
NAME			NAME	l				
STREET ADDRESS CITY-ST-ZIP			1	et address - St-Zip				
TITLE		☐ Delete	TITLE				☐ Change	√ Addillon
NAME		רו (אונים	NAME				مهاسمان نے	
STREET ADDRESS				ET AOGRESS				
C)TY-ST-ZIP			}	SI-ZIP		_ _		
TITLE NAME		∟} Deteto	☐ Delelo TITU NAM				□ Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				ST- ZIP				
12. I hereby of indicated of the cor	certify that the information supplied on this report or supplemental report poration or the receiver or trustee e or on an attachment with an addre	with this filling does not qualify in this true and accurate and that impowered to execute this repor- ted with all other like emocywere	for the exe my signate it as requir	emptions contained ure shall have the red by Chapter 607	in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes, I as if made under and that my name	lurther certify that the incertify that he am an officer appears in Block 10 or	nformation or director r Block 11 if
SIGNAT		739		env C.T.	COCK	-3-16-0	6 954-285	5293