2008 FOR PROFIT CORPORATION

FILED Mar 19, 2008 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P04000138657 03-19-2008 90012 009 ***150.00 1. Entity Name GCB SALES, INC. Principal Place of Business Mailing Address 2900 W. SAMPLE ROAD 2900 W. SAMPLE ROAD K-4105 K-4105 POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03072008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 02-0731827 Not Applicable Zip Zip Country 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 Năme BLOCK, GLENN C Street Address (P.O. Box Number is Not Acceptable) 2900 W. SAMPLE ROAD K-4105 POMPANO BEACH, FL 33073 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or orrited name of registered agent and title if spokrable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition BLOCK, GLENN C NAME NAME 2900 W. SAMPLE ROAD STREET ADDRESS STREET ADDRESS CHY-ST-ZIP POMPANO BEACH, FL 33073 CHY-ST-ZIP TITLE ☐ Delete Addition NAME NALIE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP Delete Change Addition NAME NAME STREET ADDRESS 61HEET #85HE33 CHY-St-78 CITY -ST ZIP ☐ Delete Change ☐ Addition THE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Defete □ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further cartify 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 eath; that I am an office or of 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.

CITY-ST-ZIP

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MARK STREET ADDRESS

SIGNATURE: Y

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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

■ Addition