

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90365 028 \*\*\*150.00

60023791



03152006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000073679</b> 1. Entity Name <b>GPC CONSULTING SERVICES, INC</b>					
Principal Place of Business <b>14337 MEMORIAL HWY NORTH MIAMI, FL 33161</b>			Mailing Address <b>14337 MEMORIAL HWY NORTH MIAMI, FL 33161</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2894978</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD STE 101 TALLAHASSEE, FL 32301-2960</b>			Name <b>POLIMENAKOS, CONSTANTINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>14337 MEMORIAL HIGHWAY</b> City <b>NORTH MIAMI</b> FL Zip Code <b>33161</b>		
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: <u>Constantina Polimenakos</u> <b>CONSTANTINA POLIMENAKOS</b> ✓ <b>3/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>POLIMENAKOS, CONSTANTINA</b> <b>14337 MEMORIAL HWY</b> <b>NORTH MIAMI, FL 33161</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	
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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 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.					
SIGNATURE: <u>Constantina Polimenakos</u> <b>CONSTANTINA POLIMENAKOS</b> ✓ <b>3/15/06</b> ✓ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

To: **GPC CONSULTING SERVICES**

Date

01/04/06

60023791

## INSTRUCTIONS FOR FILING TAX RETURN

#P05000073679

Enclosed is Form **ANNUAL REPORT**

For the period ended **2006**

To be signed and dated by:

☐ Taxpayer

☒ Any Corporate Officer

☐ Any Partner

☐ No Signature Necessary

Where indicated on page(s) **1**

### PAYMENT OF TAX DUE

Make your check payable to:

☐ Your bank

☐ Florida U.C. Fund

☐ United States Treasury

☐ Florida Department of Revenue

☐ No Check Necessary

☒ Other

FLORIDA DEPARTMENT OF STATE

In the amount of **\$150.00**

On or before **04/30/06**

and

On or before

### PUT YOUR IDENTIFICATION NUMBER ON THE CHECK

Overpayment of tax:

☐ Overpayment

Amount

of which

is to be applied toward your estimated tax and

will be refunded

☒ No Overpayment

Mail return and check by: **04/30/06**

To: ☐ Internal Revenue Service

☐ Florida Department of Revenue

5050 W Tennessee Street  
Tallahassee, FL 32399

PO Box

☒ Other

DIVISION OF CORPORATIONS

PO BOX 1500

TALLAHASSEE, FL 32302-1500

**IMPORTANT: DO NOT MAIL THIS INSTRUCTION SHEET. IT IS FOR YOUR OWN RECORDS.**