


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90428 038 \*\*\*150.00

<b>DOCUMENT # P05000101716</b> 1. Entity Name <b>GC PROPERTY INVESTMENTS, INC.</b>					
Principal Place of Business <b>441 S STATE RD 7 #15 MARGATE, FL 33068</b>			Mailing Address <b>441 S STATE RD 7 #15 MARGATE, FL 33068</b>		
2. Principal Place of Business <b>185 NE 65 STREET</b>		3. Mailing Address <b>185 NW 65 STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>20-3214054</b>	
Zip <b>33138</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33138</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HOWITT, STUART 441 S STATE RD 7 #15 MARGATE, FL 33068</b>				7. Name and Address of New Registered Agent Name <b>P. COLES</b> Street Address (P.O. Box Number is Not Acceptable) <b>185 NW 65 STREET</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33068</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><i>Richard Cole</i></u> DATE <u>4/3/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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</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	D <input type="checkbox"/> Delete <b>COLES, PIERRE 18824 NW 82 CT HIALEAH, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COLES, CHRISTOPHER 18824 NW 82 CT HIALEAH, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>GIORDANO, GERALD 185 NE 65 ST MIAMI, FL 33138</b>	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 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><i>Richard Cole</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-3-06</u> Daytime Phone #		