

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90171 039 ***150.00

EP DVN FOU!\$ P05000130997 2/ Entity Name GREAT AMERICAN MOVING & STORAGE, INC.	
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Principal Place of Business 4206 INVERRARY BLVD STE 79B LAUDERHILL, FL 33319	Mailing Address 4206 INVERRARY BLVD STE 79B LAUDERHILL, FL 33319
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3/ Principal Place of Business - No P.O. Box # 6557 AUTUMN WOODS	4/ Mailing Address 6557 AUTUMN WOODS
Suite, Apt. #, etc.	Suite, Apt. #, etc.

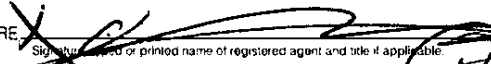
City & State NAPLES FL	City & State NAPLES FL
Zip 34109	Zip 34109
Country USA	Country USA



03302007 Di h.Q DS3F145123017*

7/ Obn f lboe!Beesf t t lpgDvsef ouSf hjt u f s f e!Bhf ou SPIEGEL & UTRERA, P.A. 1040 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	8/ Obn f lboe!Beesf t t lpgOf x ISf hjt u f s f e!Bhf ou Name KOBAY, YAMIN Street Address (P.O. Box Number is Not Acceptable) 6557 AUTUMN WOODS City HOLLY WOOD FL Zip Code 34109
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9/ 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.

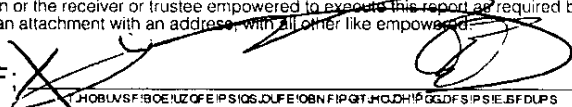
SIGNATURE:  DATE: 4-2-07

Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	10/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	11/ Nbz!Cf l Beef etup!G f t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NAFTALI, GIL 4206 INVERRARY BLVD STE 79B LAUDERHILL, FL 33319 <input checked="" 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	DVS YAMIN, KOBAY 4206 INVERRARY BLVD STE 79B LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6557 AUTUMN WOODS NAPLES FL 34109 <input checked="" 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
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

23/ 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.

T. HOBUS:  DATE: 4-2-07 954 6629191

T. HOBUS: FBOE!UZF E!P S!OS, DUF E!OBN F!P QT, H!O D!H!P G!G D!S!P S!E!G!D!P S