


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000003569</b> 1. Entity Name <b>GAUR INVESTMENTS OF FLORIDA, INC.</b>																							
Principal Place of Business <b>200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131 US</b>			Mailing Address <b>200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131 US</b>																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		Zip																			
Country		Country		4. FEI Number <b>65-0380388</b>																			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																			
6. Name and Address of Current Registered Agent <b>CORP. INTER. REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																			
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.				FL Zip Code																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ESPINOSA, HEBERTO</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3408 ALHAMBRA CIRCLE CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS	ESPINOSA, HEBERTO		CITY-ST-ZIP	3408 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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.																							
<b>SIGNATURE:</b> _____				Date <b>2/17/05</b> (305) 577-4773																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							