2004 FOR PROFIT CORPORATION

FILED May 05, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P93000041421 G & R DEVELOPMENT OF MIAMI INC. Principal Place of Business Mailing Address 4040 NW 37 AVE 4040 NW 37 AVE MIAMI, FL 33142 US MIAMI, FL 33142 US No Chg-P 05032004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Fo 65-0416052 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELGADO, ANDRES DO NOT WRITE 4040 NW 37 AVE MIAMI, FL 33142 IN THIS SPACE 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 acc the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$\$50.00 **\$5.00** May Be \Box Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DELGADO, YAMILET NAME U00000156000 STREET ADDRESS 4040 N.W. 37TH AVE. 05/05/04-80060-007 150.00 CITY-ST-ZIP MIAMI, FL 33142 **VSD** TITLE NAME DELGADO, ANDRES 4040 N.W. 37TH AVE. STREET ADORESS City-St-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 direct 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. changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CrTY-ST-ZIP

> elima Queles

DFFICER 5/1/04 (305)635-5595