

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058550

FILED
Apr 23, 2004
Secretary of State

Entity Name: GATOR ACRES, INC.

Current Principal Place of Business:

1595 NE 163RD ST
SUITE 6
N. MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1595 NE 163RD ST
SUITE 6
N. MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 65-0436489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, JAMES
1595 NE 163RD ST
S6
N MIAMI BCH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDSMITH, JAMES A
Address: 1595 NE 163RD ST
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: GOLDSMITH, JAMES A
Address: 1595 NE 163RD ST
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VP () Change (X) Addition
Name: GOLDSMITH, WILLIAM
Address: 1595 NE 163RD ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. GOLDSMITH

DPS

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date