

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070540

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: GATOR CARRIAGE INVESTORS, INC.

## Current Principal Place of Business:

1595 NE 163RD STREET  
SUITE 6  
NORTH MIAMI BEACH, FL 33162 US

## New Principal Place of Business:

## Current Mailing Address:

1595 NE 163RD STREET  
SUITE 6  
NORTH MIAMI BEACH, FL 33162 US

## New Mailing Address:

FEI Number: 65-0524552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDSMITH, JAMES A.  
1595 NE 163RD STREET  
SUITE 6  
N MIAMI BEACH, 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 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP ( ) Change (X) Addition  
Name: GOLDSMITH, WILLIAM  
Address: 1595 NE 163 STREET  
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