## 2004 FOR PROFIT CORPORATION

## Jan 15, 2004 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P94000075340 GMM INVESTIGATIONS, INC. Principal Place of Business Mailing Address 1310 SOUTHEAST THIRD AVENUE 1310 SOUTHEAST THIRD AVENUE FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0824266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORAITIS, ROBERT J DO NOT WRITE 1310 SOUTHEAST THIRD AVENUE FT. LAUDERDALE, FL 33316 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE MORAITIS, GEORGE M NAME STREET ADDRESS 1310 SOUTHEAST THIRD AVENUE CITY-ST-ZIP FT. LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 it made under outh; 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZOP TITLE

STREET ACCRESS City-St-ZiP

George M. Moraitis

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**FILED**