
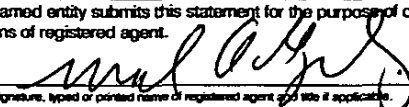
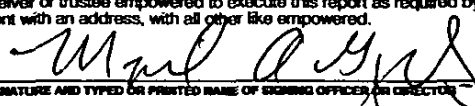


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90043 036 \*\*\*150.00

<b>DOCUMENT # P95000002954</b> 1. Entity Name <b>GOLD CUP REAL ESTATE COMPANY</b>					
Principal Place of Business <b>959 SW 87 AVE MIAMI, FL 33174</b>			Mailing Address <b>10201 HAMMOCKS BLVD. STE. 153-238 MIAMI, FL 33196</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>65-0551245</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MUR, LAZARO J ESQ. 720 S. SAPODILLA AVE PH#3 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>616 CLEARWATER PARK RD 318 # 1403</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33401</b>	
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: 				DATE: <b>3-22-05</b>	
<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 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GONZALEZ, MIGUEL A. 1201 HAMMOCKS BLVD, SUITE 153-238 MIAMI, FL 33196		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GONZALEZ, MIGUEL A. 1201 HAMMOCKS BLVD, SUITE 153-238 MIAMI, FL 33196		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GONZALEZ, MIGUEL A. 1201 HAMMOCKS BLVD, SUITE 153-238 MIAMI, FL 33196		<input type="checkbox"/> Delete		
12. I hereby 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 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: 				DATE: <b>3-22-05</b>	

**50030865**



03182005 Chg-P CR2E034 (10/03)