2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P95000036574

Entity Name: THE GAUNAURD GROUP, INC.

Current Principal Place of Business:

12099 NW 98TH AVE
HIALEAH GARDENS, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 52-0865
MIAMI, FL 331520865 US

New Mailing Address:

FEI Number: 65-0591860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAUNAURD, MANUEL A
1020 CORAL WAY
CORAL GABLES, FL 33134 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: DP ( ) Delete
Name: GAUNAURD, MANUEL A
Address: 1020 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete
Name: GAUNAURD, MANUEL A JR.
Address: 1020 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete
Name: GAUNAURD, MANUEL A III
Address: 8201 SW 94TH ST.
City-St-Zip: MIAMI, FL 33156

Title: DS ( ) Delete
Name: GAUNAURD, ERIC F
Address: 8104 SW 91ST. AVE.
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MANUEL GAUNAURD SR. PRES 04/30/2004

Electronic Signature of Signing Officer or Director Date