

**KURT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000081189

1. Entity Name
G. E. VINYL, INC.



Principal Place of Business
9104 NW 106 ST
MEDLEY, FL 33178 US

Mailing Address
2724 WEST 79TH STREET
HIALEAH, FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC
ONE SE THIRD AVE
28TH FLOOR
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ETABLY, GUSTAVO
STREET ADDRESS 2724 WEST 79TH STREET
CITY-ST-ZIP HIALEAH, FL 33016

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

300004231-7955
10/29/04--01062--018 **\$550.00

TITLE V
NAME CIRIACI, PIERGIORGIO
STREET ADDRESS 6811 FALCON GATE AVE
CITY-ST-ZIP DAVIE, FL 33331

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/04 (305)362-5959
Date Daytime Phone #