2005 FOR PROFIT CORPORATION

SIGNATURE:

Secretary of State **ANNUAL REPORT** 06-29-2005 90001 006 ***550.00 **DOCUMENT # P95000081189** G. E. VINYL, INC. Principal Place of Business Mailing Address 50053995 2724 WEST 79TH STREET 9104 NW 106 ST MEDLEY, FL 33178 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06222005 · Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0623479 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -AMERICAN INFORMATION SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVE 28TH FLOOR MIAMI, FL 33131 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. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE ☐ Delete TITLE NAME **ETABLY, GUSTAVO** NAME 2724 WEST 79TH STREET STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33016 ☐ Detete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition सार ☐ Delete TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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,

FILED Jun 29, 2005 8:00 am