


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90401 046 \*\*\*150.00

<b>DOCUMENT # P96000038833</b>	
--------------------------------	---

1. Entity Name  
**G.B.C. INTERNATIONAL, INC.**

Principal Place of Business <b>PO BOX 5954 LAKE WORTH, FL 33466 US</b>	Mailing Address <b>PO BOX 5954 LAKE WORTH, FL 33466 US</b>
---	---



2. Principal Place of Business <b>1590 WATSON RIDGE</b>	3. Mailing Address <b>P.O. Box 727</b>
Suite, Apt. #, etc. <b>TRAIL</b>	Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State <b>LAURENCEVILLE, G.A.</b>	City & State <b>GRAYSON, G.A.</b>
Zip <b>30045</b>	Country <b>U.S.A.</b>
Zip <b>30017</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0667610</b>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>BATOR, GEORGE 4104 42ND WAY S. LAKE WORTH, FL 33461</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *George Bator* *GEORGE BATOR* *MARCH, 25, 2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>
---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b>	<input type="checkbox"/> Delete		TITLE <b>DIRECTOR / PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BATOR, GEORGE</b>			NAME <b>BATOR, GEORGE</b>		
STREET ADDRESS <b>4104 42ND WAY S</b>			STREET ADDRESS <b>1590 WATSON RIDGE TRAIL</b>		
CITY-ST-ZIP <b>LAKE WORTH, FL 33466</b>			CITY-ST-ZIP <b>LAURENCEVILLE, G.A. 30045</b>		
TITLE <b>VP</b>	<input type="checkbox"/> Delete		TITLE <b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>NOUR, BELINDA B</b>			NAME <b>NOUR, BELINDA B</b>		
STREET ADDRESS <b>1590 WATSON RIDGE TRAIL</b>			STREET ADDRESS <b>LAURENCEVILLE, G.A. 30045</b>		
CITY-ST-ZIP <b>LAURENCEVILLE, GA</b>			CITY-ST-ZIP <b>LAURENCEVILLE, G.A. 30045</b>		
TITLE <b>VP</b>	<input type="checkbox"/> Delete		TITLE <b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BATOR, CHRISTOPHER</b>			NAME <b>BATOR, CHRISTOPHER</b>		
STREET ADDRESS <b>6366 WALK CIRCLE</b>			STREET ADDRESS <b>3391 CUSTER AVE.</b>		
CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>			CITY-ST-ZIP <b>LAKE WORTH, FL. 33467</b>		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *George Bator* *GEORGE BATOR* *3/25/04* *770-822-9224*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #