## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000044111

City-St-Zip:

MIAMI, FL 33131

Entity Name: G.D.P. INVESTMENTS, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
891 HARBOR DRIVE KEY BISCAYNE, FL 33149						
Current Mailing Address:				New Mailing Address:		
% ARMANDO LACASA 701 BRICKELL AVE., #1900 MIAMI, FL 33131				891 HARBOR DRIVE KEY BISCAYNE, FL 33149		
FEI Number:	65-0818453	FEI Number Applied For ( )	FEI Nui	mber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LACASA, ARMANDO E 701 BRICKELL AVE., SUITE 1900 MIAMI, FL 33131 US				QUESADA, LYDIA C 475 BILTMORE WAY SUITE 300 CORAL GABLES, FL 3	3134 US	
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: LYDIA C. QUESADA				04/30/2004		
	Electr	onic Signature of Registered A	Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	D PARKER, GE	( ) Delete ENARO D		Title: (	) Change ( ) Addition	

891 HARBOR DRIVE Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: () Delete Title: () Change () Addition CASTRO, FEDERICO Name: Name: Address: 4995 NW 72 AVE., 3RD FLOOR, STE 3-400 Address: MIAMI, FL 33166 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: LACASA, ARMANDO Name: Address: 701 BRICKELL AVE.,#1900 Address:

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.

City-St-Zip:

SIGNATURE: GENARO DELGADO PARKER D 04/30/2004