2005 FOR PROFIT CORPORATION ANNUAL REPORT

3

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-30-2005 90046 002 ***158.75

66010848

01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000048911

1. Entity Name
G.H.M. GROUP, INC.

Principal Place of Business	Mailing Address
4694 PALM AVENUE HIALEAH, FL 33012	4694 PALM AVENUE HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
9050 PINES BLVD #190	9050 PINES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #190
City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
Zip 33024 County BROWARD	Zip 33024 County BROWARD

4. FEI Number
65-0764492
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMIS, JACOB 4694 PALM AVENUE HIALEAH, FL 33012	Name: ATHANASIOS MARINOS Street Address (P.O. Box Number is Not Acceptable): 9050 PINES BLVD #190 PEMBROKE PINES FL 33024 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: ATHANASIOS TOM MARINOS DATE: 4-14-05
(Signature, typed or printed name of registered agent and date as applicable. NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GOMIS, JACOB 5917 SW 114TH AVENUE COOPER CITY, FL 33330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSAT HERNANDEZ, BERNABE A 1636 SW 18TH AVENUE MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARINOS, TOM 1785 SW 185TH AVE HOLLYWOOD, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HAAKER, ALAN 901 NW 56TH ST OCALA, FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DUPUIS, JOY 715 W 50TH ST HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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: ATHANASIOS TOM MARINOS 4-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #