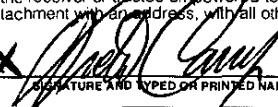


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90538 022 ***150.00

DOCUMENT # P97000084966 1. Entity Name GINA BUILDING CORP.																																					
Principal Place of Business 825 ALBERCA 625 BILTMORE WAY #1202 CORAL GABLES, FL 33134				Mailing Address 825 ALBERCA CORAL GABLES, FL 33136																																	
2. Principal Place of Business 625 BILTMORE WAY Suite, Apt. #, etc. APT. 1202 City & State CORAL GABLES, FL Zip 33134		3. Mailing Address 625 BILTMORE WAY Suite, Apt. #, etc. APT. 1202 City & State CORAL GABLES, FL Zip 33134		4. FEI Number 65-0786975 Applied For ☐ Not Applicable																																	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CAMJI, VICTOR 625 BILTMORE WAY, APT 1202 MIAMI, FL 33134				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D CAMJI, VICTOR 825 ALBERCA 625 BILTMORE WAY #1202 CORAL GABLES, FL 33136 </td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMJI, VICTOR 825 ALBERCA 625 BILTMORE WAY #1202 CORAL GABLES, FL 33136		☐ Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☒ Change ☐ Addition 625 BILTMORE WAY, APT 1202 CORAL GABLES, FLORIDA 33134 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 625 BILTMORE WAY, APT 1202 CORAL GABLES, FLORIDA 33134														
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMJI, VICTOR 825 ALBERCA 625 BILTMORE WAY #1202 CORAL GABLES, FL 33136																																				
	☐ Delete																																				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 625 BILTMORE WAY, APT 1202 CORAL GABLES, FLORIDA 33134																																				
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:  4/22/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																					