2003 FOR PROFIT CORPORATION

Mailing Address

21531 NW 8TH CT

3. Mailing Address

City & State

21510 N

Pembloke

Suite, Apt. #, etc.

Zip 33029

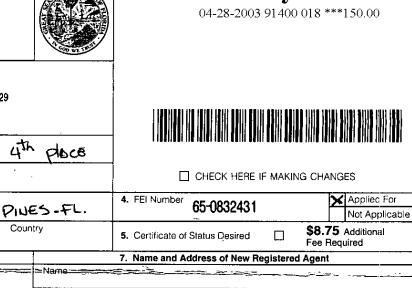
PEMBROKE PINES FL 33029

UNIFORM BUSINESS REPORT (UBR P98000039559 DOCUMENT # 1. Entity Name GH FORCE WALLCOVERING, INC.

6. Name and Address of Current Registered Agent

nature, typed or printed name of registered agent and title if applicable.





Street Address (P.O. Box Number is Not Acceptable)

		,	FL Ep 5555
8.	The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

City

(NOTE: Registered Agent signature required when reinstating)

L.
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Malas Objects Develops to Florida Develops at Automatic

Principal Place of Business

PEMBROKE PINES FL 33029

21510 NW

City & State
PEMBLOKE

Zip 33029

ODICIO, LUIS E

2246 NW 160 TERRACE PEMBROKE PINES FL 33028

Suite, Apt. #, etc.

2. Principal Place of Business

21531 NW 8TH CT

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zin Code

Make Chec	k Payable to Florida Department of State				ndst i und Gonthodion.	C Adde	u to 1669	
10.	OFFICERS AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIDALGO, GUSTAVO 1156 N.W. 171 TERRACE PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7D HIDAL 21510 H 21510 H	GO, GUSTANO NW 4th place OKE PINES -FL.33	⊠ Change ⊘29	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIDALGO, ROSA VICTORIA 21531 NW 8TH CT PEMBROKE PINES FL 33029	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE	SD	Delete	TITLE	SD	_	🔼 Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HIDALGO, MARIA 1156 N.W. 171 TERRACE PEMBROKE PINES FL 33028	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	21510 N	OTMARID IW 4th place OKE PINES- FL. 37	3029	☐ Addition	======
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ 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.