

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90021 037 ***158.75

DOCUMENT # P98000069104	
1. Entity Name GAYMART INTERNATIONAL INC.	

Principal Place of Business 2240 WILTON DR. FORT LAUDERDALE, FL 33305	Mailing Address 611 S. PALM CANYON DR. #7318 PALM SPRINGS, FL 92264
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24080914



2. Principal Place of Business		3. Mailing Address 611 S. PALM CANYON DR. Suite, Apt. #, etc. #7318		07092004	Chg-P	CR2E034 (10/03)
City & State		City & State PALM SPRINGS, CA		4. FEI Number 65-0893041		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
92264	USA	92264	USA			

6. Name and Address of Current Registered Agent FOUTCH, TIM 2924 NE 21 TERRACE FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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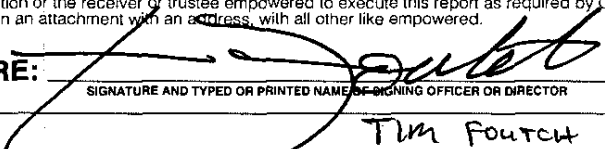
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUTCH, TIM 2924 NE 21 TERRACE FORT LAUDERDALE, FL 33306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFTEBURY, CRAIG 2924 NE 21 TERR FORT LAUDERDALE, FL 33306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATTEBURY, CRAIG A. 2924 NE 21 TERRACE FORT LAUDERDALE, FL 33306 ☒ Change ☐ Addition
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-ZIP	☐ Change ☐ Addition
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-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:  **08/17/04 760 320 0606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tim Foutch