


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-23-2004 90013 039 ***155.00

| | |
|------------------------------------|---|
| DOCUMENT # P98000070134 |  |
| 1. Entity Name GGH, INC. | |

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| Principal Place of Business 4400 EAST WEST HIGHWAY APT 133 BETHESDA MD 20814 US | Mailing Address 4400 EAST WEST HIGHWAY APT 133 BETHESDA MD 20814 US |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E034 (4/04)

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent ROBERTS, CALVIN C 6574 30TH AVENUE NORTH ST. PETERSBURG FL 33710 | | 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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

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|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO HABEEB, GREGORY G 4400 EAST WEST HIGHWAY APT 133 BETHESDA MD 20814 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Gregory Habeeb - Gregory Habeeb 8/18/04 3016597066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #