FILED Jan 23, 2003 8:00 am Secretary of State

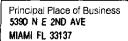
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMEN'	Τ#	P99	000	0125	92

1. Entity Name

G. & M. HOME BUILDERS, INC.



Mailing Address 5390 N E 2ND AVE MIAMI FL 33137

2. Principal Place of Business 109 Ave 3. Mailing Address 2905 N.W. 109 Ave 2905 N.W. 109 Ave			-†	838 13881 81138 1813 8 1181 1881				
Suite, Apt.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
Sitys State Ploude Plani, Flo		Poucla	4. FEi Number 65-0892799	Applied For Not Applicable				
3317	2 Country	33172	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered A	gent			
MORALES, G D			Name	<u> </u>				
1339 OBISPO AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	ABLES FL 33137							
			City	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	U.C. NOW() FEE 10 0450 00				 -			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	,		9. Election Campaign Financing	\$5.00 May Be			
	Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11			
TITLE	PTD	Delete	TITLE		☐ Change ☐ Addition			
NAME	GARCIA, VALERIANO G		NAME					
STREET ADDRESS	1571 WEST 76TH ST.		STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP					
TITLE	SVD	☐ Delete	TITLE	•	☐ Change ☐ Addition			
NAME	MORALES, G D		NAME CYRRET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1339 OBISPO AVENUE CORAL GABLES FL 33134		STREET ADDRESS CITY-ST-ZIP					
TITLE	CONAL GABLES I E 33134	□ Delete	TITLE		Change Addition			
NAME		L_1 Delete	NAME		☐ Change ☐ Addition			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE		☐ Change ☐ Addition			
NAME	·		NAME		}			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE		☐ Change ☐ Addition			
NAME	,		NAME		ļ			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
			CITY-ST-ZIP		D.Ch			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	4		CITY-ST-ZIP					
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I nereby 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: 1