

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90012 013 \*\*\*150.00

**DOCUMENT # P99000017199**

1. Entity Name

GCAT IMPORT & EXPORT CORPORATION



Principal Place of Business

519 CEDAR FOREST CREEK  
ORLANDO FL 32828

Mailing Address

PO BOX 780999  
ORLANDO FL 32878-0999

*2001 NE 40 Ave*

2. Principal Place of Business

3. Mailing Address

*P.O. Box 901211*

Suite, Apt. #, etc.

*Homestead, Fla.*

City & State

City & State

Zip

*33033*

Country

*USA*

Zip

*90-1211*

Country

*USA*



MOORE

CR2E034 (11/03)

4. FEI Number

59-3558493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*new address*

BALBN, SERGIO  
519 CEDAR FOREST CIRCLE  
ORLANDO FL 32828

Name

*SERGIO BALBIN*

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

*2001 NE 40 Ave*

City

*Homestead*

FL

Zip Code

*33090*

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BALBIN, SERGIO	
STREET ADDRESS	519 CEDAR FOREST CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BALBIN, CICELY	
STREET ADDRESS	519 CEDAR FOREST CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*S. Balbin President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-15/2004*

Date

Daytime Phone #

*305-244-7354*