


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 047 ***150.00

DOCUMENT # P99000047656

1. Entity Name
GAM FLORIDA ESTATES, INC.



Principal Place of Business
601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131

Mailing Address
601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131

94073768



2. Principal Place of Business
 Suite, Apt. #, etc.
1441 BRICKELL AVE. SUITE 1014

3. Mailing Address
 Suite, Apt. #, etc.
1441 BRICKELL AVE. SUITE 1014

03302004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1009966

Applied For
 Not Applicable

Zip
33131

Country
U.S

Zip
33131

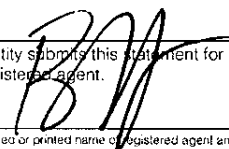
Country
U.S

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALLEN & GALEGO
601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
ROBERT ALLEN LAW
 Street Address (P.O. Box Number is Not Acceptable)
1441 BRICKELL AVE SUITE 1014
 City
MIAMI FL Zip Code
33131

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.

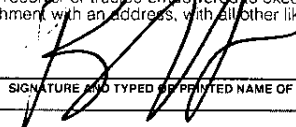
SIGNATURE  By: **Robert N. Allen Law** PRESIDENT 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MATA, HUMBERTO 601 BRICKELL KAY DR STE-805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MATA, HUMBERTO 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA, ALEXANDRA 601 BRICKELL KEY DR STE-805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA, ALEXANDRA 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N JR 601 BRICKELL KEY DR STE-805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N. JR. 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131 <input checked="" 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:  **Robert N. Allen Jr.** 4-29-04 305-372 3300
Signature and typed or printed name of signing officer or director Date Daytime Phone #