

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90149 018 \*\*\*150.00

**DOCUMENT # P99000057308**

1. Entity Name  
 CASA EDITORIAL GES, INC.



Principal Place of Business      Mailing Address  
 2550 NW 72 AVE      PO BOX 165739  
 308      MIAMI, FL 33116  
 MIAMI, FL 33122

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



02072005      Chg-P      CR2E034 (10/03)

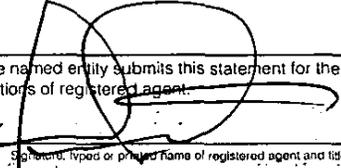
4. FEI Number      Applied For  
 65-0929583      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MARTINEZ, GABRIEL  
 2550 NW 72 AVE  
 STE 308  
 MIAMI, FL 33122

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       DATE **3-7-05**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

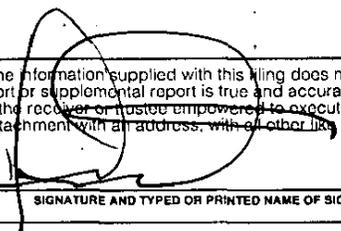
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, GABRIEL	
STREET ADDRESS	11990 S.W. 92ND LANE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, SILVANA	
STREET ADDRESS	11990 S.W. 92ND LANE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2550 NW 72 AVE. # 308</b>	
STREET ADDRESS	<b>MIAMI FL. 33122</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2550 NW 72 AVE. #308</b>	
STREET ADDRESS	<b>MIAMI FL. 33122</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 lists empowered.

SIGNATURE:       **3-7-05**

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