

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90078 046 ***150.00

DOCUMENT # P99000059696 1. Entity Name GCM ASSOCIATES, INC.			
Principal Place of Business 4250 GALT OCEAN DRIVE APT. 15-G FORT LAUDERDALE, FL 33308		Mailing Address 4250 GALT OCEAN DRIVE APT. 15-G FORT LAUDERDALE, FL 33308	
2. Principal Place of Business 4060 A GALT OCEAN DR		3. Mailing Address 4060 A GALT OCEAN DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FT. Lauderdale, FL		City & State FT. Lauderdale, FL	
Zip 33308		Zip 33308	
Country USA		Country 	
4. FEI Number 65-0931178		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAZIANO, BENJAMIN 4250 GALT OCEAN DRIVE APT. 15-G FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name BENJAMIN GRAZIANO Street Address (P.O. Box Number is Not Acceptable) 4060 A GALT OCEAN DR City FT. Lauderdale FL Zip Code 33308	
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 <u><i>Ben Graziano</i></u> DATE <u>6/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD GRAZIANO, BEN 4250 GALT OCEAN DRIVE, APT 15-G FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2070 NE 55 CT FT. Lauderdale, FL 33308
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
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
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
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
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: <u><i>Ben Graziano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>6/18/05</u> Daytime Phone # _____	

ATTACHMENT

40089055

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

06/17/05

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: GCM Associates, Inc
Doc # P99000059696

To Whom It May Concern:

We are enclosing a request for the reinstatement of our client, GCM Associates, Inc. and have included the corporate annual fee, but have not included the penalty due to our client not having received the corporate annual renewal documents because of an incorrect and change of address.

The client was notified the corporation had been administratively dissolved. They requested our assistance in the procedures to reinstate the corporation.

Based upon the failure of our client to receive the renewal form due to an address change, we are therefore formally requesting an acceptance of the renewal form without penalty.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez