

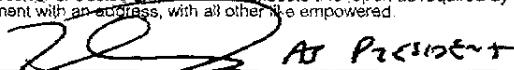


FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000111949						Secretary of State			
1. Entity Name GAETA CORP.									
Principal Place of Business 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403				Mailing Address 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02122004 Chg-P CR2E034 (10/03)	
City & State				City & State				4. FEI Number 65-0973257	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAETA, NEIL J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403						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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				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	DPST GAETA, NEIL J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 I am empowered.									
SIGNATURE:  At President					3/1/04 561-627-1900				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #				