2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2004 8:00 am DOCUMENT # V61604 **Secretary of State** 1. Entity Name 02-12-2004 90025 030 \*\*\*150.00 G3 SERVICES INC. Principal Place of Business Mailing Address P.O. BOX 480149 895 NF 26 AVE POMPANO BEACH FL 33062 FT LAUDERDALE FL 33348 2. Principal Place of Business 3. Mailing Address 1217NE9ST SAME Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 井み SUITE City & State City & State 4. FEI Number Applied For ompano Bch 65-0359401 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 33060 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, GEORGE G BOSMESSAR IZITNE 9 ST Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 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 ature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE TITLE Addition ☐ Delete Change ROSS, Goorge G. GROSS, GEORGE G. NAME NAME 8 ONEIDA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEA RANCH LAKES FL CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition BROSS, George G. GROSS, GEORGE G. NAME NAME STREET ADDRESS **8 ONEIDA LANE** STREET ADDRESS POMPANO BCH FL. 33060 CITY-ST-ZIP SEA RANCH LAKES FL CITY-ST-ZIP TITLE ☐ Change ☐ Delete Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P mn F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change 1 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

SIGNATURE: ALL AME George G. GROSS DPV/5T 2-8-04 954 801-222/
SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #