


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90401 046 ***150.00

DOCUMENT # P96000038833

1. Entity Name
G.B.C. INTERNATIONAL, INC.




Principal Place of Business Mailing Address
 PO BOX 5954 PO BOX 5954
 LAKE WORTH, FL 33466 US LAKE WORTH, FL 33466 US

2. Principal Place of Business 3. Mailing Address
 1590 WATSON RIDGE P.O. Box 727
 Suite, Apt. #, etc. TRAIL Suite, Apt. #, etc.

City & State City & State
 LAWRENCEVILLE, G.A. GRAYSON, G.A.

Zip Country Zip Country
 30046 U.S.A. 30017 U.S.A.



03092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0667610 Not Applicable

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

6. Name and Address of Current Registered Agent

BATOR, GEORGE
4104 42ND WAY S.
LAKE WORTH, FL 33461

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 George Bator GEORGE BATOR MARCH, 25, 2004
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BATOR, GEORGE	
STREET ADDRESS	4104 42ND WAY S	
CITY-ST-ZIP	LAKE WORTH, FL 33466	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOUR, BELINDA B	
STREET ADDRESS	1590 WATSON RIDGE TRAIL	
CITY-ST-ZIP	LAWREVILLE, GA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BATOR, CHRISTOPHER	
STREET ADDRESS	6366 WALK CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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	DIRECTOR / PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATOR, GEORGE	
STREET ADDRESS	1590 WATSON RIDGE TRAIL	
CITY-ST-ZIP	LAWRENCEVILLE, G.A. 30046	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOUR, BELINDA B	
STREET ADDRESS	1590 WATSON RIDGE TRAIL	
CITY-ST-ZIP	LAWRENCEVILLE, G.A. 30046	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATOR, CHRISTOPHER	
STREET ADDRESS	3391 CUSTER AVE.	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	
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 like empowered.

SIGNATURE: George Bator **GEORGE BATOR** 3/25/04 770-822-9224
 Signature and typed or printed name of signing officer or director Date Daytime Phone #