


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000071447**  
 1. \*Entity Name  
 2 G INVESTMENT, INC.



Principal Place of Business      Mailing Address  
 809 OLD DIXIE HIGHWAY      809 OLD DIXIE HIGHWAY  
 RIVIERA BEACH, FL 33404      RIVIERA BEACH, FL 33404

**DO NOT WRITE IN THIS SPACE**



01262006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1085559      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GHAWALI, JOUDEH J  
 809 OLD DIXIE HIGHWAY  
 RIVIERA BEACH, FL 33404

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
NAME	GHAWALI, JOUDEH J
STREET ADDRESS	809 OLD DIXIE HIGHWAY
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	PVST
NAME	GHAWALI, JOUDEH J
STREET ADDRESS	809 OLD DIXIE HIGHWAY
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 07/28/06-20002-009 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 707-7066