

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 14, 2009
Secretary of State**

DOCUMENT# P01000023821

Entity Name: G.4.A. HOLDINGS, CORPORATION

Current Principal Place of Business:

608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

1304 SW 4TH AVE
FORT LAUDERDALE, FL 33315

Current Mailing Address:

608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315

New Mailing Address:

PO BOX 350543
FORT LAUDERDALE, FL 33335

FEI Number: 65-1089198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, SHILOH
1226 SW 4TH AVE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, SHILOH
Address: 1226 SW 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CUFFIA, GIANCARLO
Address: PO BOX 350543
City-St-Zip: FORT LAUDERDALE, FL 33335

Title: MG () Change (X) Addition
Name: ALVAREZ, SHILOH
Address: PO BOX 350543
City-St-Zip: FT LAUDERDALE, FL 33315 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIANCARLO CUFFIA

PD

05/14/2009

Electronic Signature of Signing Officer or Director

Date