


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000022228**

1. Entity Name  
**G & S INVESTMENTS OF MIAMI, INC.**



Principal Place of Business      Mailing Address

**14600 BISCAYNE BLVD**      **14600 BISCAYNE BLVD**  
**N. MIAMI BEACH, FL 33181 US**      **N. MIAMI BEACH, FL 33181 US**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0488530**       Not Applicable

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

8. Name and Address of Current Registered Agent

**NEUMAN, GIL**  
**14600 BISCAYNE BLVD**  
**NORTH MIAMI BEACH, FL 33181**

**DO NOT WRITE IN THIS SPACE**

9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

U00000488516  
 04/17/06-80010-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, SHLOMI 14600 BISCAYNE BLVD MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO NEUMAN, GIL 14600 BISCAYNE BLVD MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, ORLY 14600 BISCAYNE BLVD MIAMI, FL 33181
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**

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: *Orly Alexander*      Date: 3/30/06      Daytime Phone #: 305-919-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR