


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90036 018 \*\*\*158.75

DOCUMENT # P03000014194	
1. Entity Name G & G HOLISTIC ADDICTION TREATMENT, INC.	

Principal Place of Business 1590 NE 162ND ST., STE. 200 NORTH MIAMI BEACH, FL 33162	Mailing Address 1590 NE 162ND ST., STE. 200 NORTH MIAMI BEACH, FL 33162
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20004659



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0551650	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

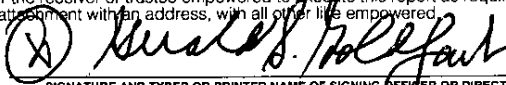
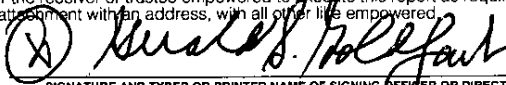
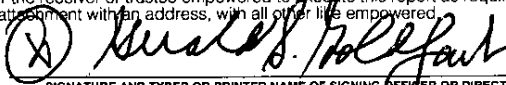
6. Name and Address of Current Registered Agent  LAW OFFICES OF CRAIG M. DORNE, P.A. 407 LINCOLN ROAD PENTHOUSE SE MIAMI BEACH, FL 33139	<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDFARB, GERALD S 1590 NE 162ND ST N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORDANO, JOHN <del>10170 NW 11 ST</del> 1590 NE 162nd street N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldfarb, Gerald H 1590 NE 162nd street N. Miami Beach, FL 33162
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 life empowered.						
<table> <tr> <td>SIGNATURE: </td> <td>Date: 2/20/07</td> <td>Daytime Phone #: 305-945 8384</td> </tr> <tr> <td colspan="3"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td> </tr> </table>	SIGNATURE: 	Date: 2/20/07	Daytime Phone #: 305-945 8384	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
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