

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P05000103595

1. Entity Name
GRUPO EMPRESARIAL G7, INC.



Principal Place of Business

**5860 SW 8TH ST
SUITE 2
MIAMI, FL 33131**

Mailing Address

**5860 SW 8TH ST
SUITE 2
MIAMI, FL 33131**



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0127835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, MAIDA
MARTS ACCOUNTING COMPANY
5599 SW 8TH ST
MIAMI, FL 33134**

**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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	URIBE, ALVARO ANDRES
STREET ADDRESS	CARRERA 51 NO 58-61
CITY-ST-ZIP	MEDELLIN, COLOMBIA,
TITLE	D
NAME	CORREA ACOSTA, JAIRO A
STREET ADDRESS	CARRERA 81 NO 36 A05 APT 203
CITY-ST-ZIP	BOGOTA COLOMBIA,
TITLE	D
NAME	DIAZ ORTIZ, LUIS F
STREET ADDRESS	CALLE LA PAJUELA CARRERA 14 NO 16-105
CITY-ST-ZIP	SINCELEJO COLOMBIA,
TITLE	D
NAME	HERRERA MUNOZ, JUAN M
STREET ADDRESS	AVENIDA VAZQUEZ COBO NO 24 N32
CITY-ST-ZIP	CALI COLOMBIA,
TITLE	D
NAME	OSPINA ISAZA, JORGE I
STREET ADDRESS	CALLE 50 NO 24-34
CITY-ST-ZIP	MANIZALEZ COLOMBIA,
TITLE	D
NAME	CRISTO REY LTDA, FUNERARIA
STREET ADDRESS	CALLE 98 NO 18-29
CITY-ST-ZIP	BOGOTA COLOMBIA,

U00000855705
03/27/08-90062-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/08

Date

Daytime Phone #