

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031121

Entity Name: GMANT CORPORATION**Current Principal Place of Business:**420 SO DIXIE HWY SUITE 4F
CORAL GABLES, FL 33146**Current Mailing Address:**420 SO DIXIE HWY SUITE 4F
CORAL GABLES, FL 33146**FEI Number:** 65-1086334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JARP, GEORGE
420 SO DIXIE HWY SUITE 4F
CORAL GABLES, FL 33146 US*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**Officer/Director Detail :**

Title	PD
Name	JARP, GEORGE
Address	420 SO DIXIE HWY SUITE 4F
City-State-Zip:	CORAL GABLES FL 33146

Title	T
Name	JARP, GEORGE
Address	420 S. DIXIE HIGHWAY, SUITE 4F
City-State-Zip:	CORAL GABLES, FL 33146

Title	V,S
Name	JARP, MARY
Address	420 S DIXIE HWY #4F
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	JARP, CAROLINA M.
Address	420 SO DIXIE HWY SUITE 4F
City-State-Zip:	CORAL GABLES FL 33146

I hereby 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 all other like empowered.

SIGNATURE: GEORGE JARP**PRESIDENT****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date