


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 393304	
1. Entity Name G.H. BROTHERS INVESTMENT CORP.	

Principal Place of Business 191 S W 114 AVENUE SWEETWATER, FL 33174	Mailing Address 191 S W 114 AVENUE SWEETWATER, FL 33174
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01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1448728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ (ELOY)
 191 S W 114 AVE
 MIAMI, FL 33174

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ELIGIO A 191 SW 114 AVE MIAMI, FL, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ELOY 191 SW 114 AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, OSCAR 191 SW 114 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RENE 191 SE 114 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARIA A 191 SW 114 AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/07-80007-021 150.00

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: Eloy Q PRESIDENT 01/19/07 305-554-4347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #