2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

12. I hereby certify that the information, indicated on this report at of the corporation or t if changed, or on an

SIGNATURE

Feb 27, 2006 08:00 AM **DOCUMENT # 517074** Secretary of State 1. Entity Name G.G.'S OF NEW YORK, INC. Principal Place of Business Mailing Address 5440 N. STATE ROAD 7 FT. LAUDERDALE FL 33319 5440 N. STATE ROAD 7 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1699847 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELGARDIO, GEORGE 5440 N STATE ROAD 7 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33319-9970 City Zip Code 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 sypera or period name of registered agent and title if applicable (NOTE Registered Agont Eighalure required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ME ☐ Delete 33114 Change Addition 🔲 NAME DELGARDIO, GEORGE, JR. NAME STREET ADDRESS 10337 NW 6 COURT STREET ACCRESS CITY-ST-ZIP CORAL SPRINGS FL City-St-ZP TITLE ☐ Belete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-S1-ZIP CHTY-ST-ZIP Titte. C Contra grij e ☐ Chance ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-77P City-St-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 33717 ☐ Defete TITLE Change ☐ Addition NAM MANAS STREET ADDRESS STREET ADDRESS City-SI-ZiP CITY ST-21P THE ☐ Delete THEE Channe ☐ Addition NAME NAME STREET AUDITESS STREET ACORESS CHY-ST-ZIP CMY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information equal operation 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 further employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 this dyaddress with all other like empowered.

2-20-06/954 4840402

FILED