2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2008 08:00 Al Secretary of State **DOCUMENT # 614785** 1. Entity Name G & G TRADING, INC. Principal Place of Business Mailing Address 74052 OVERSEAS HWY 2518 SW 30TH AVE ISLAMORADA FL 33036 FORT LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 59-1609924 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENWALD, IRA W Street Address (P.O. Box Number is Not Acceptable) 2518 SW 30TH AVE. FORT LAUDERDALE FL 33312 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, typed or crimed name of registered agent and litle if applicable. DATE (NOTE: Registered Agent aignoture required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Derete TITL F ☐ Change Addition NAME GREENWALD, IRA W NAME 1000000887503 04/21/08-80022-025 150.00 STREET ADDRESS 2515 SW 30TH AVE STREET ADORESS CITY-ST-782 HIALEAH FL 33012 CITY-ST-ZIP TITLE Daiete TITLE ☐ Change Addition NAME GREENWALD, DORIS M MAME STREET ADDRESS 2518 SW 30TH AVE STREFT ADDIRESS CITY-ST-712 FORT LAUDERDALE FL 33312 CITY - ST- 74P TITLE □ Dalete TITLE Change Maddition Addition NAME rIAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TIFLE ☐ Change ☐ Addition STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De ete ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

IRA V Greenwald

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