2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G09387

1. Entity Name

G M PRIVATE INVESTIGATION AGENCY, INC.



FILED Apr 04, 2008 08:00 AN Secretary of State

Principal Place of Business

5611 SHERIDAN ST. HOLLYWOOD, FL 33021 Mailing Address

5611 SHERIDAN ST. HOLLYWOOD, FL 33021



DO NOT WRITE IN THIS SPACE

02232008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-2636736

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANOLACIDIS, GEORGE 5611 SHERIDAN STREET HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its regi	istered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acc	сері
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE Reg	jistered Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	~ —	\$5.00 May Be Added to Fees	U00000880542	
10.	OFFICERS AND DIREC	TORS			04/15/08-80065-007 150.00	
TITLE	PTD				- · · · · · · · · · · · · · · · · · · ·	
NAME	MANOLACIDIS, GEORGE					
STREET ADDRESS	5611 SHERIDAN STREET		1			
CITY-ST-ZIP	HOLLYWOOD, FL 33021					
TITLE	VSD			-^		
NAME	MANOLACIDIS, BETTY					
STREET ADDRESS	5611 SHERIDAN STREET					
CITY-ST-ZIP	HOLLYWOOD, FL 33021					
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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

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

vice president.

954 981 999

Daytime Phone #