2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G49428

1. Entity Name G & L REALTY, INC.



US

FILED Feb 15, 2007 08:00 A Secretary of State

Principal Place of Business

incipal Flace of business

450 N PARK RD #800

HOLLYWOOD, FL 33021

Mailing Address

450 N PARK RD

#800

HOLLYWOOD, FL 33021

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2308276

02082007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOUGHAN, LEO 4102 BUCHANAN ST. HOLLYWOOD, FL 33021

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the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	d office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signature	equired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV GOUGHAN, LEO 4102 BUCHANAN ST. HOLLYWOOD, FL 33021				U00000637722
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/26/07-80072-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CJTY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	*··· -	
TITLE .	, + 4	·	r,i	A State of	1

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-12-07

954-295-7707
