
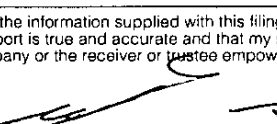


**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

40026012

<b>DOCUMENT # L05000047113</b>		04-07-2006 90211 039 ***150.00	
1. Entity Name <b>G &amp; G INVESTMENTS, LLC</b>			
Principal Place of Business 2655 LE JEUNE ROAD, SUITE 542 CORAL GABLES, FL 33134		Mailing Address 2655 LE JEUNE ROAD, SUITE 542 CORAL GABLES, FL 33134	
2. Principal Place of Business <b>1800 WEST FLAGLER ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1800 WEST FLAGLER ST.</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL.</b>		City & State <b>Miami FL.</b>	
Zip <b>33135</b>	Country	Zip <b>33135</b>	Country
6. Name and Address of Current Registered Agent  <b>GARCIA-VIDAL, RAOUL</b> 2655 LE JEUNE ROAD, SUITE 542 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RODRIGUEZ, JESUS 2655 LE JEUNE ROAD, SUITE 542 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FOJO, PATRICIA 2655 LE JEUNE ROAD, SUITE 542 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> 		<b>Date</b> _____ <b>Daytime Phone #</b> _____	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>			