

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 036 ***150.00

DOCUMENT # L09509

1. Entity Name
GNA INVESTMENT, INC.



Principal Place of Business

% JOSEPH A. MARONA
7162 PEMBROKE ROAD
MIRAMAR, FL 33023

Mailing Address

7162 PEMBROKE PINES
7162 PEMBROKE ROAD
MIRAMAR, FL 33023 US

40017261



01292003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0136008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, LUIS ANTONIO
7162 PEMBROKE ROAD
MIRAMAR, FL 33023

**DO NOT WRITE
IN THIS SPACE**

6. 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]* 2/2/05 (LUIS A GUERRA)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUERRA, LUIS ANTONIO
STREET ADDRESS	4407 SW 38 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	Robert A Sims
STREET ADDRESS	7401 Pines Blvd Ste 222
CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

1-03-05 954-448-4242