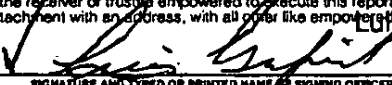


FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90120 029 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M28030		
1. Entity Name G & SONS CORP.		
Principal Place of Business 1036 N. MIAMI AVENUE MIAMI, FL 33136-3515		Mailing Address 8265 SW 48 STREET MIAMI, FL 33155
DO NOT WRITE IN THIS SPACE		
		02012005 00000000 000000000000
		4. FEI Number 59-2639114
		5. Certificate of Status Desired ☐ \$8.75 000000000000
6. Name and Address of Current Registered Agent		
GISPERT, LUIS 8265 SW 48 STREET MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE
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) _____ 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 000000000000
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GISPERT, LUIS 8265 SW 48 STREET MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GISPERT, LUPE 8265 SW 48 STREET MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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)(i), 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 empowerments.		
SIGNATURE:  Luis Gispert		2/11/05 305-372-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #