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.

50026522

Principal Place of Business	Mailing Address
1036 N. MIAMI AVENUE MIAMI, FL 33136-3515	8265 SW 48 STREET MIAMI, FL 33155

02012005

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2639114

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GISPERT, LUIS
STREET ADDRESS	8265 SW 48 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VP
NAME	GISPERT, LUPE
STREET ADDRESS	8265 SW 48 STREET
CITY-ST-ZIP	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.

Luis Gispert

SIGNATURE: ✓ _____ ✓ 2/11/05 ✓ 305-372-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #