


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M95425**  
 1. Entity Name  
**G.G. MARKETING OF DADE COUNTY, INC.**



Principal Place of Business <b>DBA GILDA GEVIS          18785 BISCAYNE BLVD.          NORTH MIAMI BEACH FL 33180          US</b>	Mailing Address <b>DBA GILDA GEVIS          18785 BISCAYNE BLVD          NORTH MIAMI BEACH FL 33180          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	City & State
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4. FEI Number <b>65-0066314</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**GEVIS, GILDA  
 18785 BISCAYNE BLVD.  
 N MIAMI BCH FL 33180**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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 *Gilda Gevis* (NOTE: Registered Agent signature required when re-registering)  
 Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>GEVIS, GILDA 2717 NE 165 ST N MIAMI BCH FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	<b>U00000522388 05/03/06-80028-003 150.00</b>
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>SANCHEZ, GIL 18785 BISCAYNE BLVD. N MIAMI BCH FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gilda Gevis* **GILDA GEVIS** *4/15/06 305-931466*  
 Signature and typed or printed name of signing officer or director Date