

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90017 023 \*\*\*150.00



**DOCUMENT # M95425**

1. Entity Name

**G.G. MARKETING OF DADE COUNTY, INC.**

Principal Place of Business

**DBA GILDA GEVIS  
 18785 BISCAYNE BLVD.  
 NORTH MIAMI BEACH FL 33130  
 US**

Mailing Address

**DBA GILDA GEVIS  
 18785 BISCAYNE BLVD  
 NORTH MIAMI BEACH FL 33180  
 US**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - In P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0066314**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Document  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEVIS, GILDA  
 18785 BISCAYNE BLVD.  
 N MIAMI BCH FL 33180**

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 \_\_\_\_\_

Name of Registered Agent (print or type name of individual or firm)

Name of Registered Agent (print or type name of individual or firm)

5/28/08

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: **P GEVIS, GILDA**  
 STREET ADDRESS: **2717 NE 165 ST**  
 CITY- ST- ZIP: **N MIAMI BCH FL**

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY- ST- ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: **VP SANCHEZ, GIL**  
 STREET ADDRESS: **18785 BISCAYNE BLVD.**  
 CITY- ST- ZIP: **N MIAMI BCH FL**

TITLE: \_\_\_\_\_  
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 CITY- ST- ZIP: \_\_\_\_\_

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*

*4/29/08*

*3059316692*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR