## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P00000011953 1. Entity Name 04-16-2004 90041 014 \*\*\*150.00 G & G INDUSTRIES, INC. Principal Place of Business Mailing Address 5615 FOREST STREET HOLLYWOOD FL 33021 5615 FOREST STREET 54034937 **HOLLYWOOD FL 33021** 2. Principal Place of Business 3. Mailing Address 5649 Fu nston St CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0981551 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 302 3302 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISOGNO, GREGORY 5615 FORREST STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 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** (NOTE: Registered Agent suggeture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete BISOGNO, GREG NAME NAME 5615 FOREST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition BISOGNO, GRANT NAME NAME 5615 FOREST STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ■ Addition ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered.

FILED