## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000011953**

1. Entity Name

G & G INDUSTRIES, INC.



**FILED** Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

5612 DEWEY ST

HOLLYWOOD, FL 33023

Mailing Address

**5612 DEWEY ST** 

HOLLYWOOD, FL 33023



02222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0981551

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**BISOGNO, GREGORY** 2900 GARDEN DR COOPER CITY, FL 33026

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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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	Signature, typed or printed name or registered agent and size to	applicable. (NOTE: Registered	Agent signature	a required when retristating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finanting Trust Fund Contribution.</li></ol>	cing 🗀	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISOGNO, GREG 2900 GARDEN DR COOPER CITY, FL 33026				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISOGNO, GRANT 5584 PRISCILLA LANE LAKE WORTH, FL 33463	••			U00000839416 03/06/08-80007-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SILVERSBLOOM, DAVE 8931 NW 79 ST TAMARAC, FL 33321			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR