ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P00000012371** G & G PRINTING, INC. 04-30-2004 90237 021 ***150.00 Principal Place of Business Mailing Address 12354 SW CANAL ST DR 12354 SW CANAL ST DR MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address 12354 SW 110 S CANAL ST RD 12354 SW 110 S CANAL ST RD Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E034 (10/03) Chg-P City & State MIAMI, FL City & State 4. FEI Number Applied For MIÁMI, FL 65-0976294 Not Applicable Country Zip 33186 Zip 33186 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GUTIERREZ, ERICK P** Street Address (P.O. Box Number is Not Acceptable) 12354 SW 110 S CANAL ST RD 12354 SW 1105 CANAL ST DR MIAMI, FL 33186 Zig Code 33 186 MIAMI 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD THEF Delete TITLE XI Channe Addition **GUTIERREZ, ERICK P** NAME NAME 12354 SW 110 S CANAL ST RD STREET ADDRESS 12354 SW 1105 CANAL ST DR STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE Delete TITLE [X] Change ☐ Addition NAME **GUTIERREZ, VIRGILIO** NAME 12354 SW 110 S CANAL ST RD STREET ADDRESS 12354 SW 1105 CANAL ST DR STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP MIAMI, FL 33186 CITY-SI-ZIP TITLE ☐ Detete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 any address, with all other like empowered.

FILED