

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # P00000110778

1. Entity Name  
GINY U.S.A., INC.



Principal Place of Business  
5517 NW 84TH AVE  
MIAMI, FL 33166

Mailing Address  
5517 NW 84TH AVE  
MIAMI, FL 33166



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1059749

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUERRERO, IVAN A  
5517 NW 84 AVE.  
MIAMI, FL 33-0166

DO NOT WRITE  
IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUERRERO, IVAN A
STREET ADDRESS	5517 NW 84 AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VTP
NAME	BRAHIN, JANETH
STREET ADDRESS	5517 NW 84 AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349203  
05/02/05-80055-020 150.00

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05 305-4777883