


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90035 035 \*\*\*150.00

<b>DOCUMENT # P01000012883</b>	
1. Entity Name <b>G &amp; A ENTERPRISES OF WEST PALM BEACH, INC.</b>	

Principal Place of Business <b>15212 60TH PL NORTH LOXAHATCHEE, FL 33470</b>	Mailing Address <b>15212 60TH PL NORTH LOXAHATCHEE, FL 33470</b>
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2. Principal Place of Business <b>622 Cresta Cir</b>	3. Mailing Address <b>622 Cresta Cir</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach FL</b>
Zip <b>33413</b>	Country <b>Plm Beh</b>
Zip <b>33413</b>	Country <b>Plm Beh</b>

6. Name and Address of Current Registered Agent <b>UBALDO, LORENA 15212 60TH PL NORTH LOXAHATCHEE, FL 33470</b>	
7. Name and Address of New Registered Agent Name <b>Ubaldo, Lorena</b> Street Address (P.O. Box Number is Not Acceptable) <b>622 Cresta Cir</b> City <b>West Palm Beach</b> FL Zip Code <b>33413</b>	

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 signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD UBALDO, LORENA 202 NORTH B STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>622 CRESTA CIR WEST PALM BEACH FL 33413</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP UBALDO, ALFONSO 202 NORTH B STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>622 CRESTA CIR WEST PALM BEACH FL 33413</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ubaldo Lorena* *President* *2/1/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #