

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070215

FILED
May 06, 2004
Secretary of State

Entity Name: THREE GGG, INC.

Current Principal Place of Business:

16120 SW 282 STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

2474 HURON CIRCLE
KISSIMEE, FL 34746

Current Mailing Address:

16120 SW 282 STREET
HOMESTEAD, FL 33033

New Mailing Address:

2474 HURON CIRCLE
KISSIMEE, FL 34746

FEI Number: 65-1121356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDOVAL, GUSTAVO
16120 SW 282 STREET
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

SANDOVAL, GUSTAVO
2474 HURON CIRCLE
KISSIMEE, FL 33746 US

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.

SIGNATURE: GUSTAVO SANDOVAL

05/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDOVAL, GUSTAVO
Address: 16120 SW 282 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD () Delete
Name: SANDOVAL, NATY
Address: 16120 SW 282 STREET
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDOVAL, GUSTAVO
Address: 2474 HURON CIRCLE
City-St-Zip: KISSIMEE, FL 34746

Title: VPD (X) Change () Addition
Name: SANDOVAL, NATY
Address: 2474 HURON CIRCLE
City-St-Zip: KISSIMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO SANDOVAL

PD

05/06/2004

Electronic Signature of Signing Officer or Director

Date