


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90041 009 ***150.00

DOCUMENT # P01000071727 1. Entity Name G & I PROPERTIES MANAGEMENT, INC.					
Principal Place of Business 19111 COLLINS AVE SUITE 2804 SUNNY ISLES BEACH, FL 33160			Mailing Address 19111 COLLINS AVE SUITE 2804 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business - No P.O. Box # 7141 SW 80 ST		3. Mailing Address 7141 SW 80 ST			
Suite, Apt. #, etc. MIAMI Florida		Suite, Apt. #, etc. MIAMI Florida			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33143		Country US		4. FEI Number 65-1123363	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, GUSTAVO 16711 COLLINS AVE #806 SUNNY ISLES BEACH, FL 33160			7. Name and Address of New Registered Agent PBA Financial Svcs Corp 174 NE 96th St Miami Shores, FL 33138		
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: <u><i>Sandra Perez</i></u> / <i>Pr.</i> DATE: <u>4/7/07</u>					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, GUSTAVO 16711 COLLINS AVE #806 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, ILEANA M 16711 COLLINS AVE #806 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Gustavo Gonzalez</i></u> / <i>Prvs</i> DATE: <u>4/7/07</u> DAYTIME PHONE: <u>305 740-4209</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					