



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000090603</b> 1. Entity Name <b>GGR SUPPLY, INC.</b>	
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Principal Place of Business <b>7482 SW 163 PLACE MIAMI, FL 33193</b>	Mailing Address <b>7482 SW 163 PLACE MIAMI, FL 33193</b>
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**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-P CR2E034 (11/05)

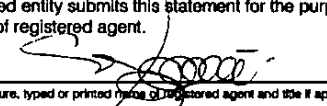
4. FEI Number <b>65-1140362</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GHINI, GRAZIELLA  
7982 SW 163 PL  
MIAMI, FL 33193**

**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  DATE 2.20.2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

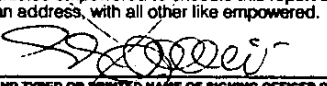
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000658301</b> <b>03/15/07 00033-005 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS GHINI, GRAZIELLA 7482 SW 163 PL MIAMI, FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GHINI, GABRIELE CALLE ALEJO ZULOAGA 88-65 EL TRIGAL VALENCIA VENEZUELA,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE 2.20.2007 DAYTIME PHONE # 3052813027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR