

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 031 ***150.00

DOCUMENT # P01000102230

1. Entity Name
G & P MEXICANA INC.



Principal Place of Business
**1903 20TH ST.
VERO BEACH, FL 32960**

Mailing Address
**1903 20TH ST.
VERO BEACH, FL 32960**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1141379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEVAREZ, PEDRO A
1926 25TH AVE
VERO BEACH, FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

7340 57th St

City

Vero Beach

FL

Zip Code

32967

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

Gloria Huitron

Gloria Huitron

04-16-08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NEVAREZ, PEDRO A**
STREET ADDRESS **1926 25TH AVE**
CITY-ST-ZIP **VERO BCH, FL 32960**

TITLE ☒ Change ☐ Addition
NAME **7340 57th St**
STREET ADDRESS **Vero Beach FL 32967**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUITRON, GLORIA**
STREET ADDRESS **1926 25TH AVENUE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☒ Change ☐ Addition
NAME **7340 57th St**
STREET ADDRESS **Vero Beach FL 32967**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gloria Huitron **Gloria Huitron**

04-16-08

772 567 3028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #