

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 034 ***150.00

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1. Entity Name
GG REALTY, INC



Principal Place of Business

16711 COLLINS AVE
SUITE 2501
N.MIAMI, FL 33160

Mailing Address

16711 COLLINS AVE
SUITE 2501
SUNNY ISLES BEACH, FL 33160

00000423



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2304597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERASIMOV, GREGORY
16711 COLLINS AVE.,
SUITE 2501
SUNNY ISLES BEACH, FL 33160

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GERASIMOV, GREGORY
STREET ADDRESS	16711 COLLINS AVE., #2501
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	VIP
NAME	VERNITSKIY, DMITRIY
STREET ADDRESS	16711 COLLINS AVE., #PH-04
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	SECR
NAME	GERASIMOV, GREGORY
STREET ADDRESS	16711 COLLINS AVE., #2501
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	TRES
NAME	VERNITSKIY, DMITRIY
STREET ADDRESS	16711 COLLINS AVE., #PH-04
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.22.06 (305) 778-4428