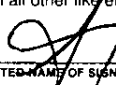


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90021 014 \*\*\*150.00

<b>DOCUMENT # P02000123665</b>					
<b>1. Entity Name</b> G & G GENERAL PRODUCTS, INC.					
<b>Principal Place of Business</b> 1090 S.W. 1ST AVE. STE 8 MIAMI, FL 33130			<b>Mailing Address</b> 1090 S.W. 1ST AVE. STE 8 MIAMI, FL 33130		
<b>2. Principal Place of Business - No P.O. Box #</b> 4810 NW 79 AVE		<b>3. Mailing Address</b> 4810 NW 79 AVE			
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203			
City & State MIAMI FLORIDA		City & State MIAMI, FLORIDA			
Zip 33166		Country DADE		Zip 33166	
Country DADE		01282007 Chg-P CR2E034 (12/06)			
<b>4. FEI Number</b> 33-1031292				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SOSA, NANCY 4343 W FLAGLER ST SUITE 509 MIAMI, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name NANCY SOSA G. Street Address (P.O. Box Number is Not Acceptable) 4810 NW 79 AVE # 203 City MIAMI FL Zip Code 33166		
<b>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.</b> SIGNATURE:  DATE: 1/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA, NANCY G 4343 W FLAGLER ST SUITE 509 MIAMI, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA NANCY G. 4810 NW 79 AVE # 203 MIAMI, FL. 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			1/27/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		