

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000007045

1. Entity Name
GIRLS INVESTMENTS GROUP, INC.



Principal Place of Business
1191 NE 200 ST
MIAMI, FL 33179 US

Mailing Address
20401 NW 2ND AVE., SUITE 220
MIAMI, FL 33169



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3747762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREVITT-SCHOOP, MARIE ESQ.
20401 NW 2ND AVE., SUITE 220
MIAMI, FL 33169

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BREVITT-SCHOOP, C. MARIE
STREET ADDRESS	20401 NW 2ND AVE., SUITE 220
CITY- ST- ZIP	MIAMI, FL 33169
TITLE	VSD
NAME	BERNARD, MARLENE A
STREET ADDRESS	20401 NW 2ND AVE., SUITE 220
CITY- ST- ZIP	MIAMI, FL 33169
TITLE	VTD
NAME	WATSON, PAMELLA
STREET ADDRESS	20401 NW 2ND AVE., SUITE 220
CITY- ST- ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/24/05-80126-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 #