

**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Feb 19, 2007 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**

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

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**

**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, 2007 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
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000640535
02/28/07-80069-017 150.00

**DO NOT WRITE
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

M. Bernard
2/13/07

Date

954 382 2525

Daytime Phone #