

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**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



02192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3747762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80005-015 150.00

**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

Date

Daytime Phone #

3/5/08 (305) 653-6959