

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014194

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: G & G HOLISTIC ADDICTION TREATMENT, INC.

**Current Principal Place of Business:**

1590 NE 162ND ST.,  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1590 NE 162NE STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 20-0551650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAW OFFICES OF CRAIG M. DORNE, P.A.  
407 LINCOLN ROAD PENTHOUSE SE  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOLDFARB, GERALD S  
Address: 1590 NE 162ND ST  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: GIORDANO, JOHN  
Address: 1590 NE 162ND STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: GOLDFARB, GERALD H  
Address: 1590 NE 162ND STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD S. GOLDFARB

D

02/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date