## 2006 FOR PROFIT CORPORATION

## FILED Apr 12 2006 08:00 AM

ANNUAL REPURI				A	Apr 12, 2000 08:00 AM			
DOCUMENT # P03000021940				6	Secret	ary of Sta	te	
1. Entity Name - G & G MASCIARELLI INC.						· ·		
{ G & G W	AGUMNELLI MU.							
<u> </u>								
Principal Place of Business		Mailing Address		}				
5652 SW 88TH TERRACE COOPER CITY, FL 33328		5652 SW 88TH TERRACE COOPER CITY, FL 33328		}				
	.,		. •	t tenicent si	. <b> </b>	u eene vest naat lam alen aa	17 <b>22</b> 2 21 1 <b>22</b> 2	
2. Principal Place of Business		3. Mailing Address						
				{	t <b>en</b> ten tatt natur bett na	3) BUMB MBM MBM BIBM BBM BBM BBM BBM BBM BBM	)) <b>22</b> ) )  (22)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092006	· Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numo	er	Ap	plied For	
				51-094	9715	<del></del>	t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add	litional d	
	6. Name and Address of Currer	nt Registered Agent		7. Name and	Address of New F	legistared Agent		
MASCIARELLI, REGINA L								
5652 SW (	B8TH TERRACE		Street Addre	Address (P.O. Box Number is Not Acceptable)				
COOPER	CITY, FL 33328	_	-					
{			City		, · <del></del> · · · -	Zip Cod	· — — —	
The showe	named amilty eulemite this statement	for the purpose of changing its	registered office or rea	to toroid seen), or hu	th in the State of Flo	<u></u>		
8. The above named onlity 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 primed name of registered age	nt and this if applicable (NOTE	Registeren Agent signature re	Quired when reinstating)		DATE		
E11	E NOW!!! FEE IS \$150.00	g. Election Campaig	gn Financing	\$5.00 May Be	Uacca	0503688		
After M	ay 1, 2006 Fee will be \$550	Trust Fund Contr	ibution.	Added to Fees	04/26/06	-80042-009 15	O,00	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	CERS AND DIRECTORS	5 IN 11	
TITLE	D STANDONA CONTRACT	☐ Defete	lifte			☐ Change	Addition	
NAME STREET AUGRESS	MASCIARELLI, REGINA L 5652 SW 88TH TERRACE		TIAME STREET ADORESS					
CITY-ST-ZIP	COOPER CITY, FL 33328		CATA - ST - ZIP					
TITLE	D	☐ Deleto	une			Change	Addition	
STREET ADDRESS	MASCIARELLI, GLEN A 5652 SW 88TH TERRACE		NAME STREET ADDRESS					
CATY-ST-ZIP	COOPER CITY, FL 33328		CHY-SI-ZIP					
TITLE		☐ Dolela	tuce			☐ Change	Addition	
NAML STREET ADDRESS	}		NAME STREET ADDRESS					
CITY-ST-ZIP	}		CITY - ST-ZIP					
NITLE		☐ Delete	IME			☐ Change	☐ Addition	
NAME STREET ADDRESS			DAME STOCKET ADDRESS					
CITY-ST-ZIP	}		SIPELI ADDRESS CHY-SI-ZIP					
TYTLE		☐ Delete	गग्रह			Change	Addition	
NAME CIRCLI ACROSCO			MAME SIDERT ADDRESS					
STREET AGOREUS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
זותנ		☐ Delete	TITLE			☐ Change	☐ Addition	
MAME	}		NAME					
STREET ADDRESS CITY-ST-ZIP	}		STREET ADDRESS { City-St-Zip					
12. I hereby	certify that the information supplied w	ith this filing does not quality too	the exemptions conta	ined in Chapter 119		further cerbly that the in	nformation	
of the co	i on this report or supplemental report rporation or the receiver or trustee em	, is true and accurate and that m pawered to execute this report a	ly signature shall have as required by Chapter	the same legal effer 607, Florida Statute	ot as if made under es; and that my nam	oath; that I am an officer e appears in Block 10 or	or director Block 11 if	
changed	or on an attachment with an address	with all other like empowered.			· f i			
SIGNATURE: Keyn 11/asciaselli 4/9/06								
{		R PRINTED NAME OF SIGNING OFFICER (	OR DIRECTOR		7/10	Caytime Phone &	. ,	