

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90115 050 ***150.00



DOCUMENT # P03000041697

1. Entity Name
G & I ARENAS, INC.

Principal Place of Business
**2295 W OKEECHOBEE RD.
 HIALEAH FL 33010**

Mailing Address
**2295 W OKEECHOBEE RD.
 HIALEAH FL 33010**



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
57-1164104

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARIAS, ADA M ESQ
 7975 N.W. 154TH STREET, SUITE 340
 MIAMI LAKES FL 33016**

Name **GILBERTO ARENAS**

Street Address (P.O. Box Number is Not Acceptable)
2295 W. OKEECHOBEE RD.

City **HIALEAH** FL Zip Code **33010**

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]* **GILBERTO ARENAS, PRESIDENT.**
Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03/28/05.
DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARENAS, GILBERTO	
STREET ADDRESS	14011 LEANING PINE DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARENAS, ILDELISA	
STREET ADDRESS	14011 LEANING PINE DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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]* **GILBERTO ARENAS** **03/28/05** **(305) 888-1749.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #