2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000041697

1. Entity Name
G & I ARENAS, INC.

Principal Place of Business	Mailing Address
2295 W OKEECHOBEE RD. HIALEAH, FL 33010	2295 W OKEECHOBEE RD. HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

01222006   No Chg-P   CR2E034 (11/05)

4. FEI Number
57-1164104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARENAS, GILBERTO
2295 W. OKEECHOBEE RD.
HIALEAH, FL 33010

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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, 2006 Fee will be $550.00

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

U000000416783
02/13/06-80029-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARENAS, GILBERTO
STREET ADDRESS	14011 LEANING PINE DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014

TITLE	V
NAME	ARENAS, ILDELISA
STREET ADDRESS	14011 LEANING PINE DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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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 all other like empowered.

SIGNATURE: _____ GILBERTO ARENAS _____ 01/27/06 _____ (305) 888-1745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #