2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

> Applied For Not Applicable

DOCUMENT # P0300041697 1. Entity Name G & ARENAS, INC.			
Mailing Address			
2295 W OKEECHOBEE RD. HIALEAH, FL 33010			
	. Mailing Address 2295 W OKEE CHOBEE RD.		

6. Name and Address of Current Registered Agent

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DO NOT WRITE	INI THIC	THIS SDACE	01152007	No Chg-P	CR2	E034 (11/	05)
DO NOT WRITE IN THIS SPACE	SPACE	4. FEI Number 57-1164104			-	Applied f	
			01-1104	104			1101 Appli
^	•		5. Certificate o	i Status Desired		- \$8.75 Fee Red	Additional juired

ARENAS, GILBERTO DO NOT WRITE 2295 W. OKEECHOBEE RD. HIALEAH, FL 33010 IN THIS SPACE

8. The above the obligat	named entity submits this statement for the policins of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	Toplyable (NOTE Regulated	40-010-000-0	required when reinstating)	DATE
	Signature, typed or printed rights or registered again and the in	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	•		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARENAS, GILBERTO 14011 LEANING PINE DRIVE MIAMI LAKES, FL 33014				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARENAS, ILDELISA 14011 LEANING PINE DRIVE MIAMI LAKES, FL 33014				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE" NAME STREET ADDRESS CITY-ST-ZIP	. · · · · · · · · · · · · · · · · · · ·			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	
TH'LE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fill on this report or supplemental report is true are poration or the receiver or trustee empowered or on an attachment with an address, with all or on an attachment with an address, with all or on the content of	ng does not qualify for the exer nd accurate and that my signatu to execute this report as require other like empowered.	nptions cor re shall hav d by Chap	ntained in Chapter 119 re the same legal effecter 607. Florida Statute	9. Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

CTILGERTO ARENAS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: