


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01212008 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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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
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 02/01/08-80046-025 150.00

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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 an address, with all other like empowered.

SIGNATURE: **GILBERTO ARENAS** Date: **01/24/08** Daytime Phone #: **(305) 888-1749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR