

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91233 040 ***150.00

DOCUMENT # P03000052675

1. Entity Name

G & G PROFESSIONAL PAINTING, INC.



Principal Place of Business

1120 99 STREET APT. #505
BAY HARBOR ISLAND, FL 33154

Mailing Address

1120 99 STREET APT. #505
BAY HARBOR ISLAND, FL 33154

2. Principal Place of Business

18950 N.E. 20 CT

3. Mailing Address

18950 NE 20 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FLORIDA

City & State

NORTH MIAMI, FLORIDA

Zip

33161

Country

DADE.

Zip

33161

Country

DADE.

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

14-1883540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FALERO, MARCELO G
1120 99 STREET APT. #505
BAY HARBOR ISLAND, FL 33154

7. Name and Address of New Registered Agent

Name

FALERO, MARCELO G

Street Address (P.O. Box Number is Not Acceptable)

18950 N.E. 20 CT

City

NORTH MIAMI

FL

Zip Code

33161

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

APRIL 29, 2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FALERO, MARCELO G	
STREET ADDRESS	1120 99 STREET APT. #505	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARLETTA FALERO, VERONICA	
STREET ADDRESS	1120 99 STREET APT. #505	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FALERO, ADRIAN B	
STREET ADDRESS	115-SW 16 ST. APT. #203	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALERO, MARCELO G	
STREET ADDRESS	18950 N.E. 20 CT	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLETTA FALERO, VERONICA	
STREET ADDRESS	18950 N.E. 20 CT	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALERO, ADRIAN B	
STREET ADDRESS	18950 N.E. 20 CT	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2004

Date

Daytime Phone #