

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057116

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: G.G. THERAPY SERVICES CORP.

## Current Principal Place of Business:

8390 W. FLAGLER ST #202  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

17750 N.W. 87 COURT  
MIAMI, FL 33018

## New Mailing Address:

FEI Number: 05-0570329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARAVITO, GABRIELA  
17750 N.W. 87 COURT  
MIAMI, FL 33018 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARAVITO, GABRIELA  
Address: 17750 N.W. 87 COURT  
City-St-Zip: MIAMI, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELA GARAVITO

PD

02/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date