

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 008 ***150.00

DOCUMENT # P03000077122

1. Entity Name
G! PRODUCTIONS INC.



Principal Place of Business
1250 WEST AVENUE
SUITE 15-K
MIAMI BEACH, FL 33139

Mailing Address
1250 WEST AVENUE
SUITE 15-K
MIAMI BEACH, FL 33139



2. Principal Place of Business - No P.O. Box #

1521 Alton Road

3. Mailing Address

1521 Alton Road

Suite, Apt. #, etc.

179

Suite, Apt. #, etc.

179

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI-DADE

Zip

33139

Country

MIAMI-DADE

03122007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0090113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMMEY, GLORIA
1250 WEST AVE
SUITE 15-16
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

GLORIA LEMMEY

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

1521 Alton Road #179

City

MIAMI BEACH

FL

Zip Code

33139

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)

3/10/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
DP
LEMMEY, GLORIA
1250 WEST AVE, STE 15-16
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEMMEY, GLORIA
1521 Alton Road #179
MIAMI BEACH FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07 786 371 8307
Date Daytime Phone #