

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90039 009 ***150.00

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1. Entity Name

G&G DESIGN, INC.



Principal Place of Business

14720 SW 111 TERRACE
MIAMI FL 33196
US

Mailing Address

14720 SW 111 TERRACE
MIAMI FL 33196
US

2. Principal Place of Business

7855 NW 12 ST

Suite, Apt. #, etc.

219

City & State

MIAMI FL

Zip

33126

Country

MIAMI-DADE

3. Mailing Address

7855 NW 12 ST

Suite, Apt. #, etc.

219

City & State

MIAMI FL

Zip

33126

Country

MIAMI-DADE

1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0579356

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAUCHIER, ALIX J
14720 SW 111 TERRACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GAUCHIER, ALIX JOSEPH
STREET ADDRESS 14720 SW 111 TERRACE
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE VP
NAME ROUSSEAU, BRIGITTE
STREET ADDRESS 22004 SW 88 CT
CITY-ST-ZIP MIAMI FL 33190 ☐ Delete

TITLE SEC
NAME BARTHE LEMY, MARIE R.
STREET ADDRESS 21970 SW 93rd Avenue
CITY-ST-ZIP MIAMI FL 33190 ☐ 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 ☐ Change ☐ Addition

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

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

TITLE
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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 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

JOSEPH ALIX GAUCHIER

3/11/05

805-639-6015

Date

Daytime Phone #