

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000157413

1. Entity Name
G.M. & ASSOCIATES GROUP INC.



Principal Place of Business

**9331 SW 163 PL
MIAMI, FL 33196**

Mailing Address

**9331 SW 163 PL
MIAMI, FL 33196**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4546233

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARIA, GEORGE
9331 SW 163 PL
MIAMI, FL 33196**

**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

Signatures of each officer and director of registered agent are also required.

(NOTE: Registered Agent's signature is required when submitting.)

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
**P
MARIA GEORGE
9331 SW 163 PL
MIAMI, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
MARIA, LIZZETTE
9331 SW 163 PL
MIAMI, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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. Send an attachment with an address, with all other like enclosed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

305-871-8820

12/06

Daytime Phone #

U000000625584
02/14/07-80080-021 150.00

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IN THIS SPACE**