

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90171 029 ***150.00

DOCUMENT # P04000013624

1. Entity Name
GES GROUP, INC.



Principal Place of Business
**1171 NW 141 AVE.
PEMBROKE PINES, FL 33028**

Mailing Address
**1171 NW 141 AVE.
PEMBROKE PINES, FL 33028**

50035522

2. Principal Place of Business
**4000 Hollywood Blvd.
Suite, Apt. #, etc.
suite 135-S**

3. Mailing Address
Same

City & State
Hollywood, FL
Zip
33021

Country
Broward

City & State

Zip

Country

04052005 Chg-P CR2E034 (10/03)

4. FEI Number
58-2683418

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA ROMERO, FABIOLA
1171 NW 141 AVE.
PEMBROKE PINES, FL 33028**

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 **Jorge R. Gonzalez**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA ROMERO, FABIOLA	
STREET ADDRESS	1171 NW 141 AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, JORGE R	
STREET ADDRESS	1171 NW 141 AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fabiola Garcia	
STREET ADDRESS	1171 NW 141 AVE	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBASTIAN GATTI	
STREET ADDRESS	15066 SW 22nd St	
CITY-ST-ZIP	MIAMI, FL 33027	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANESA P. BERTONE	
STREET ADDRESS	15066 SW 22nd St	
CITY-ST-ZIP	MIAMI, FL 33027	
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:

Jorge R. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2005

Date

Daytime Phone #