

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023004

Entity Name: G & G RESTORATION, INC.

FILED  
May 01, 2005  
Secretary of State

## Current Principal Place of Business:

5350 ARLINGTON EXPWY #3106  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

1101 SHAFFER TRAIL  
OVIEDO, FL 32765

## Current Mailing Address:

PO BOX 8314  
JACKSONVILLE, FL 322390314

## New Mailing Address:

1101 SHAFFER TRAIL  
OVIEDO, FL 32765

FEI Number: 20-0629815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABREGO, ALMA D  
5350 ARLINGTON EXPWY #3106  
JACKSONVILLE, FL 32211 US

## Name and Address of New Registered Agent:

ABREGO, ALMA D  
1101 SHAFFER TRAIL  
OVIEDO, FL 32765 US

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: ALMA ABREGO

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABREGO, ALMA D  
Address: 5350 ARLINGTON EXPWY #3106  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete  
Name: AGUDELO, HUMBERTO  
Address: 5350 ARLINGTON EXPWY #3106  
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete  
Name: GUERRA, MARIO ALBERTO  
Address: 5350 ARLINGTON EXPWY #3106  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ABREGO, ALMA D  
Address: 1101 SHAFFER TRAIL  
City-St-Zip: OVIEDO, FL 32765

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

Title: T (X) Change ( ) Addition  
Name: GUERRA, MARIO ALBERTO  
Address: 1101 SHAFFER TRAIL  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALMA ABREGO

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date