

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-09-2006 90164 028 ***150.00

DOCUMENT # P04000039835

1. Entity Name

THE G GROUP OF ST LUCIE, INC.



Principal Place of Business

14500 S.W. 182 AVE.
MIAMI FL 33196

Mailing Address

14500 S.W. 182 AVE.
MIAMI FL 33196

2. Principal Place of Business

7436 Bob O'Link Way

3. Mailing Address

7436 Bob O'Link Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE

4. FEI Number

20-0811988

Applied For

Not Applicable

Zip

34986

Country

Zip

34986

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, ROBERTO JR
4501 SW 102ND PLACE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

ROBERTO GUTIERREZ

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

7436 Bob O'Link Way

City

PORT ST. LUCIE

FL

Zip Code

34986

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

Robert Gutierrez

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 PTD *GUTIERREZ, ROBERTO* ☐ Delete
NAME GUTIERREZ, ROBERTO
STREET ADDRESS 7436 Bob O'Link Way
CITY-ST-ZIP 4501 SW 102ND PLACE
MIAMI FL 33165
PORT ST. LUCIE FL 34986

TITLE SVD *DIRECTOR* ☒ Delete
NAME GUTIERREZ, ROBERTO JR
STREET ADDRESS 4501 SW 102ND PLACE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *MARGARITA GUTIERREZ* ☐ Change ☒ Addition
NAME
STREET ADDRESS 7436 Bob O'Link Way
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 (305)345-0735

Date

Daytime Phone #