## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

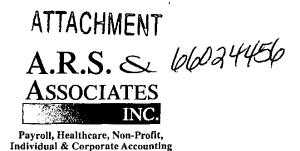
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## Jul 11, 2005 8:00 am Secretary of State **DOCUMENT # P04000041122** 04-06-2005 90113 044 \*\*\*150.00 **G&G DIAZ & ASSOCIATES INC.** Mailing Address Principal Place of Business ハヘかままかん 823 NE 199TH STREET 823 NE 199TH STREET 101 NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. CR2E034 (10/03) 06302005 Chg-P Applied For City & State City & State 4. FEI Number 20-0826658 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 823 NE 199TH STREET NORTH MIAMI BEACH, FL 33179 City Zip Code FL 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 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution, Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Defete TITLE DIAZ, GUISELLE NAME NAME 823 NE 199TH STREET SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP ☐ Change \_\_\_ Addition TITLE TITLE Delete NAME DIAZ, GUILLERMO NAME STREET ADDRESS 823 NE 199TH STREET SUITE 101 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180 CITY-ST-ZIP TITLE ☐ Defete TITLE T Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLĖ ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition \_\_\_\_ TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

Date

Daytime Phone #



July 6, 2005

Division of Corporation P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: G&G Diaz & Associates Inc. Document# PQ4000041122

Your letter states that you are intending to dissolve the above corporation. Enclosed is a copy of the check stub #1120 and a copy of the cancelled check for the yearly fee of \$150.

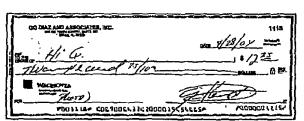
Please review and advise.

Very Truly Yours

Stuart Socol

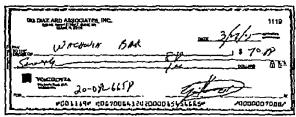
## ATTACHMENT 64024454

04/01/2005 thru 04/29/2005



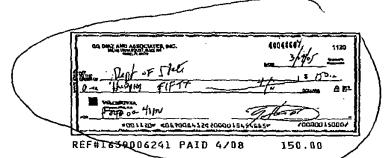
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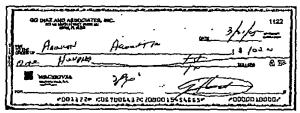
12.25



REF#3034202921 PAID 4/06

70.88





REF#4637000266 PAID 4/11

100.00

