

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070119

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: G & G MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

4315 NW 7TH ST  
# 30-D  
MIAMI, FL 33126

## New Principal Place of Business:

6425 SW 32 STREET  
MIAMI, FL 33155

## Current Mailing Address:

4315 NW 7TH ST  
# 30-D  
MIAMI, FL 33126

## New Mailing Address:

6425 SW 32 STREET  
MIAMI, FL 33155

FEI Number: 56-2459784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, OLIVIA C  
6425 SW 32 STREET  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: VALDES, OLIVIA C  
Address: 6425 SW 32 STREET  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: GARCIA, OMAR L  
Address: 15866 SW 50TH TERR  
City-St-Zip: MIAMI, FL 33185

Title: ST ( ) Delete  
Name: VALDES, ISMAEL  
Address: 13732 SW 285TH ST  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OLIVIA C VALDES

PD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date