

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90097 029 ***150.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000142231 1. Entity Name G & G TRAVEL, INC.					
Principal Place of Business 7370 SW 38TH ST MIAMI, FL 33155			Mailing Address 7370 SW 38TH ST MIAMI, FL 33155		
2. Principal Place of Business 9833 SW 94TH TER Suite, Apt. #, etc.			3. Mailing Address 9833 SW 94TH TER Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33176		Country USA		Zip 33176	
Country USA		4. FEI Number 470946059		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DIAZ, DELFIN 7370 SW 38TH ST MIAMI, FL 33155	
7. Name and Address of New Registered Agent Name DIAZ DELFIN Street Address (P.O. Box Number is Not Acceptable) 9833 SW 94TH TER City MIAMI FL Zip Code 33176				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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/30/05	
FILE NOW!!! FEE IS \$150.00- After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, DELFIN 7370 SW 38TH ST MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, DELFIN 9833 SW 94TH TER. MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARENCIBIA, YANICEL 7370 SW 38TH ST MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARENCIBIA, YANICEL 9833 SW 94TH TER MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Signature typed AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 03/15/05 Daytime Phone #		