

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
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DOCUMENT # **P04000151121**  
1. Entity Name  
**G&E Real Estate Holding Co. Inc**



11 MAY 19 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <b>12925 SW 132 ST</b>		3. Mailing Address	
Suite, Apt. #, etc. <b># 54</b>		Suite, Apt. #, etc.	
City & State <b>Miami</b>		City & State <b>FL</b>	
Zip <b>33186</b>	Country <b>USA</b>	Zip	Country

CR2E034B (1/11)

4. FEI Number <b>841660791</b>	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name <b>Guillermo Torres</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>15458 SW 172 ST</b>	
City <b>Miami</b>	State <b>FL</b>
Zip Code <b>33187</b>	

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.  
*est*  
SIGNATURE \_\_\_\_\_ DATE **5/17/2011**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Trust Fund Contribution.	

E-mail Address:  
**Skylight@Skylightsecurity.com**  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD Guillermo Torres Jr. 15458 SW 172 ST Mia FL 33187</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Sady Torres 15458 SW 172 ST Mia, FL 33187</b>
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**500207108235**  
05/03/11--01022--013 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.  
SIGNATURE: *MT* DATE **5/17/2011** Daytime Phone # **305 233 2242**

*119aw*