

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90020 042 ***150.00

40048800



03172008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000031368			
1. Entity Name GG GROUP INTERNATIONAL CORP.			
Principal Place of Business 18090 COLLINS AVENUE T-17 124 SUNNY ISLES BEACH, FL 33160		Mailing Address P.O. BOX 2413 HALLANDALE BEACH, FL 33008	
2. Principal Place of Business - No P.O. Box # 8177 W. GLADES RD Suite, Apt. #, etc. 211/220		3. Mailing Address P.O. Box 9611 Suite, Apt. #, etc.	
City & State BOCA RATON, FL.		City & State Coral Springs, FL.	
Zip 33433		Country U.S.A.	
4. FEI Number 20-2443028		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, GIGLIOLA 18090 COLLINS AVENUE T-17 124 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name GIGLIOLA ZEMAITIS Street Address (P.O. Box Number is Not Acceptable) 8177 WEST GLADES RD. #220 City BOCA FL Zip Code 33433	
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 <u>[Signature]</u> 3/15/08 Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 WILLIS, GIGLIOLA 18090 COLLINS AVENUE T-17 124 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZEMAITIS, GIGLIOLA 8177 WEST GLADES RD. #220 BOCA RATON, FL. 33433 <input checked="" 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
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
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 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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/08 Date Daytime Phone #	