


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90219 023 ***158.75

DOCUMENT # P05000033384

1. Entity Name
G5, INC.



Principal Place of Business
**2900 UNIVERSITY DRIVE
 CORAL SPRINGS, FL 33065**

Mailing Address
**2900 UNIVERSITY DRIVE
 CORAL SPRINGS, FL 33065**

40083954

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2459033

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAHAEL, GEORGE
 2900 UNIVERSITY DRIVE
 CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RAHAEL, GEORGE	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAHAEL, GEORGE	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAHAEL, GISELE	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAHAEL, GEORGINA	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rahael, George	
STREET ADDRESS	2900 University Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rahael, Pauline	
STREET ADDRESS	2900 University Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rahael, Georgina	
STREET ADDRESS	2900 University Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rahael, Pauline	
STREET ADDRESS	2900 University Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:  **Gisele Rahael, President** **4/15/07** **954-753-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #