


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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2459033	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAHAEL, GEORGE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D RAHAEL, GEORGE <input type="checkbox"/> Delete 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V Rahael, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAHAEL, GEORGE <input checked="" type="checkbox"/> Delete 2900 UNIVERSITY DRIVE POMPANO BEACH, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAHAEL, GISELE <input type="checkbox"/> Delete 2900 UNIVERSITY DRIVE POMPANO BEACH, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rahael, Pauline <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAHAEL, GEORGINA <input type="checkbox"/> Delete 2900 UNIVERSITY DRIVE POMPANO BEACH, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rahael, Georgina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S Rahael, Pauline <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065	
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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Gisele Rahael, President		4/15/07 954-753-9500 <small>Date Daytime Phone #</small>	

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