

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049822

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: G & R FLORIDA GROUP CORP.

## Current Principal Place of Business:

CALLE LA FILA CONJUNTO LA VISTA LETRA F  
LOMAS DE PRADOS DEL ESTE  
CARACAS, -- ----- --

## New Principal Place of Business:

## Current Mailing Address:

9100 CORAL WAY  
SUITE 7  
MIAMI, FL 33165

## New Mailing Address:

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

FEI Number: 20-2611720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GABLES REGISTERED AGENTS CORPORATION  
9100 CORAL WAY  
SUITE 7  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

CABEZA, MANUEL E  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MANUEL E. CABEZA

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: GIMENO, GUSTAVO  
Address: CALLE LA FILA CONJUNTO LA VISTA-LETRA F  
City-St-Zip: CARACAS, -- ----- --

Title: V ( ) Delete  
Name: GIMENO, DANIEL VICENTE  
Address: CALLE LA FILA CONJUNTO LA VISTA LETRA F  
City-St-Zip: LOMAS DE PRADOS DEL ESTE, -- ----- --

Title: V ( ) Delete  
Name: TANIA RUIZ DE GIMENO,  
Address: CALLE LA FILA CONJUNTO LA VISTA LETRA F  
City-St-Zip: LOMAS DE PRADOS DEL ESTE, -- ----- --

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL E. CABEZA

RA

03/18/2009

Electronic Signature of Signing Officer or Director

Date