


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90015 017 ***150.00

DOCUMENT # P05000107071	
1. Entity Name G & P HOMEWORKS, INC.	

Principal Place of Business 14162 COLONIAL GRAND BLVD. # 1410 ORLANDO, FL 32837	Mailing Address 14162 COLONIAL GRAND BLVD. # 1410 ORLANDO, FL 32837
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50019706



2. Principal Place of Business 54 Illiana St.	3. Mailing Address 54 Illiana St.
Suite, Apt. #, etc. Unit C&D	Suite, Apt. #, etc. Unit C&D
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32806	Country USA

04262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3251780	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent PINEDA, LUIS J 812 STARLIGHT COVE ROAD # 208 ORLANDO, FL 32828
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7. Name and Address of New Registered Agent 12813 Sophiamarie Loop Orlando, FL 32828
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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  DATE **4-28-06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME PINEDA, LUIS J	
STREET ADDRESS 812 STARLIGHT COVE ROAD # 208	
CITY - ST - ZIP ORLANDO, FL 32828	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME GIRALDO, JOHANN O	
STREET ADDRESS 14162 COLONIAL GRAND BLVD. # 1410	
CITY - ST - ZIP ORLANDO, FL 32837	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 12815 Sophiamarie Loop	
STREET ADDRESS Orlando, FL 32828	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VP Aguirre, Julieth	
STREET ADDRESS 12813 Sophiamarie Loop	
CITY - ST - ZIP Orlando, FL 32828	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 an address, with all other like empowered.

SIGNATURE:  DATE **4-28-06 (40) 423-9453**