2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 02, 2008 8:00 am Secretary of State **DOCUMENT # P05000151515** 1. Entity Name 06-02-2008 90002 045 ***150.00 GG'S SHOES & BAGS, INC. Principal Place of Business Mailing Address 27455 S. DIXIE HWY 8067 SW 73RD AVENUE BOOTH 323-324 HOMESTEAD FL 33032 **MIAMI FL 33143** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-4156305 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Zegens RIVERA, MARIA M Street Address (P.O. Box Number is Not Acceptable) 9004 SW 97TH AVENUE APT 4 ४०५ **MIAMI FL 33176** 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. the obligations of registered agent. SIGNATURE _X Age wered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change ☐ Addition RIVERA, MARIA M NAME NAME STREET ADDRESS 9004 SW 97TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ZEGERS, GABRIELA NAME NAME 8067 SW 73RD AVENUE, APT 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY - ST - ZIF TITLE ☐ De⊧ete ппғ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE TITLE ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAM-NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #