2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2008 08:00 A Secretary of State DOCUMENT # P06000004115 G & G MECHANICAL CORP. Principal Place of Business Mailing Address 7891 SW 152 152 AVE. #5 7891 SW 152 152 AVE. #5 MIAMI, FL 33193 MIAMI, FL 33193 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 02222008 No Cha-P DO NOI VVKIII E IN 11115 4. FEI Number Applied For 02-0764504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired DO NOT WRITE **GUTIERREZ, FELIX A** 7891 SW 152 152 AVE. #5 THIS SPACE MIAMI, FL 33193 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 U00000849495 203721708-80023-7008-450:00 OFFICERS AND DIRECTORS 10. TITLE **GUTIERREZ, FELIX A** NAME STREET ADDRESS 7891 SW 152 152 AVE. #5 CITY-ST-ZIP MIAMI, FL 33193 TIT) F NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 employered 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-7P

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED