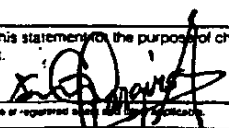
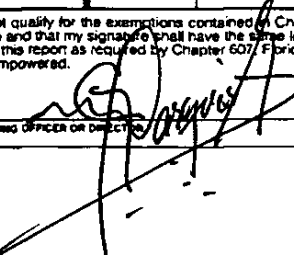


FILED
May 10, 2007 8:00 am
Secretary of State

04-03-2007 90010 025 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000043509			
1. Entity Name G & Y PA			
Principal Place of Business 814 NW 36 AVE UNIT 405 MIAMI, FL 33125 US		Mailing Address 814 NW 36 AVE UNIT 405 MIAMI, FL 33125 US	
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 20-4568555		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUES, GUSTAVO 814 NW 36 AVE UNIT 405 MIAMI, FL, FL 33125		7. Name and Address of New Registered Agent 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  DATE 03/28/07 Signature, typed or printed name of registered agent, and date of filing. (NOTE: Registered Agent signature required when re-addressing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P MARQUES, GUSTAVO 814 NW 36 AVE - UNIT 405 MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GONZALEZ, YENISVEL 814 NW 36 AVE - UNIT 405 MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 an address, with all other like empowered. SIGNATURE:  DATE _____ Devere Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT

66013979

#201006043509

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-4588555 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested G & Y PA					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 814 NW 36 Ave			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Miami FL 33125			5b City, state, and ZIP code		
6* County and state where principal business is located County Dade State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor Gustavo Marques			7b* SSN, ITIN, EIN 593-93-1627		
8a* Type of entity (check only one) ☐ Sole Proprietor (SSN) ☐ Partnership ☒ Corporation (enter form number to be filed) ▶ 1120 ☐ Personal Service ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶			☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC ☐ Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) ☒ Started new business (specify type) ▶ 1120 ☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶			☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) MAR 27 2006			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ JUN 1 2006					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i> ▶			Agriculture 0	Household 0	Other 1
14* Check box that best describes the principal activity of your business					
☐ Construction ☐ Real estate ☐ Other (specify)		☐ Rental & leasing ☐ Manufacturing ☐ Finance & insurance		☒ Health care & social assistance ☐ Accommodation & food service ☐ Retail	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Nursing					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			() - Designee's fax number (include area code) () -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	