


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 042 ***150.00

EP DVNF OUI\$ P06000095054 2/ Entity Name G & E GROUP INC.	
--	---

Principal Place of Business 8861 SW 57TH STREET COOPER CITY, FL 33328	Mailing Address 8861 SW 57TH STREET COOPER CITY, FL 33328
---	---

3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


7/ Obn f lboelBees t t lpgDvss ouSf hjt u f e lBhf ou ALONI, GAL 8861 SW 57TH STREET COOPER CITY, FL 33328

8/ Obn f lboelBees t t lpgOf x lSf hjt u f e lBhf ou Name Street Address (P.O. Box Number is Not Acceptable) City	Applied For Not Applicable
--	-------------------------------

9/ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	2/ Nbz/Cf t Beef elup/G f t
---	---	--------------------------------

21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONI, GAL 8861 SW 57TH STREET COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAL ALONI 8861 SW 57TH STREET COOPER CITY, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONI, GAL 8861 SW 57TH STREET COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. EYAL HAREL 11921 SW 52ND STREET COOPER CITY, FL 33330 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ 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.
TJHOBVFSF:  TJHOBVFSF BOEILZ OF EIPSYOS DUFEBNFIPIGT HOJHIPGGDFSIPSEJSDUPS
2/20/07 954-444-9641 Date Daytime Phone #