2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000111008

Entity Name

GGG CONSTRUCTION GROUP, INC.



FILED Mar 17, 2008 08:00 All Secretary of State

Principal Place of Business

1553 SW 137TH CT MIAMI, FL 33184 Mailing Address

1553 SW 137TH CT MIAMI, FL 33184



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ODERAY 1553 SW 137TH CT MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

			.IN	THIS SPACE
	e named entity submits this statement for the pi tions of registered agent.	urpose of changing its reg	istered office or registered agent, o	r both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Re-	gistered Agent signature required when reinstatin	g) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign I Trust Fund Contribu		•
10.	OFFICERS AND DIREC	TORS	76 Co	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, SERGIO 1553 SW 137TH CT MIAMI, FL 33184			000000859892 04/02/08-80038-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GONZALEZ, ODERAY 1553 SW 137TH CT MIAMI, FL 33184			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D(O NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN IN	I THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 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: ___

TITLE NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #