

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074477

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Entity Name:** G. GONZALEZ & G. WEST, INC.

**Current Principal Place of Business:**

5445 S.W. 149TH COURT  
MIAMI, FL 33185 US

**New Principal Place of Business:**

**Current Mailing Address:**

5445 S.W. 149TH COURT  
MIAMI, FL 33185 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, GIORDANA  
5445 S.W. 149TH COURT  
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: WEST, GENE  
Address: 5445 S.W. 149TH COURT  
City-St-Zip: MIAMI, FL 33185 US

Title: DVPS  
Name: GONZALEZ, GIORDANA  
Address: 5445 S.W. 149TH COURT  
City-St-Zip: MIAMI, FL 33185 US

Title: DVP  
Name: GARFINKEL, RODD  
Address: 5445 S.W. 149TH COURT  
City-St-Zip: MIAMI, FL 33185 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GENE WEST

DPT

09/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date