FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000035370

1. Entity Name

G & A Financial Group Inc

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7101 W Commercial Blvd Suite, Apt. #, etc. 4D	3508 NW 35th St Suite, Apt. #, etc.
City & State: Tamarac FL	City & State: Lauderdale Lkes FL
Zip: 33319 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 45-5037084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ROSEMOND ADESCAT

Street Address (P.O. Box Number is Not Acceptable):

3508 NW 35th St

City: Lauderdale Lkes FL Zip Code: 33309

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: Rosemond Adescat (Signature, typed or printed name of registered agent and title if applicable) (Date) (Registered Agent signature required when not initialing) 01-22-2014 DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

E-mail Address: rosemondadescat@yahoo.com
E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROSEMOND ADESCAT - President 3508 NW 35th St Lauderdale Lkes FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ganese Adescat DIR 3508 NW 35th St Laud. Lkes, FL 33309
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1/24/13

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Rosemond Adescat 01-22-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Corporations Payments Tools Activity rvarnadore

Information

Annual Report Filing History

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Session

Transaction ID	Description	Filing Stage
p12000035370-b8d41526-cb2a-4279-a4e1-7205d079d765	Session file for p12000035370 with last modified date of 2/25/2013 9:24:55 AM Eastern Standard Time	Edit

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