


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90137 013 \*\*\*150.00

DOCUMENT # <b>093000028942</b>	
1. Entity Name <b>GBG'S PRINTING SERVICE, INC</b>	

**DO NOT WRITE IN THIS SPACE**

**40066388**

2. Principal Place of Business <b>15982 NW 87th Ave</b>	3. Mailing Address <b>P.O. Box 695446</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>OPPA LOCKA Florida</b>	City & State <b>MIAMI Florida</b>	4. FEI Number <b>05-0405679</b>	Applied For <input type="checkbox"/>
Zip <b>33054</b>	Country <b>MIAMI-DADE</b>	Zip <b>33269</b>	Country <b>MIAM DADE</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	<b>CORETTA BELTON</b>	
Street Address (P.O. Box Number is Not Acceptable)	<b>18451 NW 37th Ave Apt 223</b>	
City	<b>OPPA LOCKA</b>	FL Zip Code <b>33055</b>

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  **Coretta Belton** DATE **04/18/05**  
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR 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**

10. OFFICERS AND DIRECTORS			
TITLE <b>P</b>	NAME <b>NATASHA C. WADE</b>	TITLE	
STREET ADDRESS <b>1280 NW 88th STREET</b>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>VPMD</b>	NAME <b>GLORIA GHENT</b>	TITLE	
STREET ADDRESS <b>2170 NW 183rd STREET</b>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>DS</b>	NAME <b>CORETTA BELTON</b>	TITLE	
STREET ADDRESS <b>18451 NW 37th Ave</b>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>DT</b>	NAME <b>CARINA GHENT</b>	TITLE	
STREET ADDRESS <b>2170 NW 183rd STREET</b>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>GREGGY BELTON</b>	TITLE	
STREET ADDRESS <b>19320 NW 39th Ave</b>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  **Gloria Ghent** DATE **04/18/05** Daytime Phone # **305-622-8808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)