

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90393 040 \*\*\*150.00

**DOCUMENT # P93000028942**

1. Entity Name  
GBG'S PRINTING SERVICES INC.



Principal Place of Business  
15982 N.W. 27TH AVENUE  
OPA LOCKA, FL 33054 US

Mailing Address  
P.O. BOX 695446  
MIAMI, FL 33269



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0405679

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BELTON, CORETTA  
18451 NW 37TH AVE APT 223  
OPA LOCKA, FL 33055

**DO NOT WRITE  
IN THIS SPACE**

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 / CORETTA BELTON  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

4/25/06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WADE, NATASHA C
STREET ADDRESS	1280 NW 88TH ST
CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	VPMD
NAME	GHENT, GLORIA
STREET ADDRESS	2170 N.W. 183RD STREET
CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	DS
NAME	BELTON, CORETTA
STREET ADDRESS	18451 NW 37TH AVE
CITY-ST-ZIP	OPA LOCKA, FL 33055
TITLE	DT
NAME	GHENT, CARITA
STREET ADDRESS	2170 N.W. 183RD STREET
CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	D
NAME	BELTON, GREGGY
STREET ADDRESS	19320 N.W. 39TH AVENUE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
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 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: Arlene B Ghent / Gloria Ghent 4/25/06 (305) 622-8808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #