

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90315 029 \*\*\*150.00

**DOCUMENT # P95000029137**

1. Entity Name  
GMN-TIFFANY SQUARE, INC.



Principal Place of Business

300 NW 12TH AVE  
MIAMI, FL 33128

Mailing Address

300 NW 12TH AVE  
MIAMI, FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0695815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTORANO, SAL  
300 NW 12TH AVE  
MIAMI, FL 33128

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**(FILE NOW!!! FEE IS \$150.00)**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DOMINGUEZ, AGUSTIN  
STREET ADDRESS 300 NW 12TH AVE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE VD ☐ Delete  
NAME REVALES, RONALD  
STREET ADDRESS 300 NE 12TH AVE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE T ☐ Delete  
NAME MARTORANO, SAL  
STREET ADDRESS 300 NW 12TH AVE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE S ☒ Delete  
NAME ANDERSON, EUGENIA  
STREET ADDRESS 300 NW 12TH AVE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition  
NAME Sibley, Russell A., Jr.  
STREET ADDRESS 300 NW 12 Avenue  
CITY-ST-ZIP Miami, Florida 33128

TITLE DS ☐ Change ☒ Addition  
NAME Rodriguez, Kathleen  
STREET ADDRESS 300 NW 12 Avenue  
CITY-ST-ZIP Miami, Florida 33128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Salvatore Martorano* 03/04/2005 (305) 324-5505

14000263

