

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000037063	
1. Entity Name G.I. AFFILIATES, INC.	

Principal Place of Business 2140 W. 68 STREET SUITE 305 HIALEAH, FL 33016	Mailing Address P.O. BOX 56-0624 MIAMI, FL 33256
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0684876	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PADILLA, VICTOR JR. 2140 W. 68 STREET SUITE 305 HIALEAH, FL 33016	DO NOT WRITE IN THIS SPACE
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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 _____

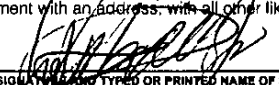
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADERAL, RAO 2140 W 68TH STREET #305 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINA, GEMA 2140 W 68TH STREET #305 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADILLA JR, VICTOR 2140 W 68TH STREET #305 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANEDA, JORGE X 2140 W 68TH STREET #305 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILA, ALICIA 2140 W 68TH ST #305 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSE J 2140 W 68TH ST #305 HIALEAH, FL 33016

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U00000739559
05/14/07-80031-013 150.00

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:  **4/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #