

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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	



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

PADILLA, VICTOR JR.
2140 W. 68 STREET
SUITE 305
HIALEAH, FL 33016

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U600000926033
05/20/08-80051-002 150.00

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

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/08 3053234044

Date

Daytime Phone #