

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042041

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: G AND S CORPORATION OF HIALEAH

## Current Principal Place of Business:

1961 RIVER ROAD  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

546 NE 6 AVENUE  
GAINESVILLE, FL 32601

## New Mailing Address:

FEI Number: 59-3379383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HADDAD, SOPHIA D  
Address: 5405 W. 18TH AVE.  
City-St-Zip: HIALEAH, FL 33012

Title: P ( ) Delete  
Name: HADDAD, CHARLES J  
Address: 1961 RIVER ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete  
Name: HADDAD, GEORGE M JR.  
Address: 959 N.E. JUNIPER PL  
City-St-Zip: JENSEN BEACH, FL 34954

Title: T ( ) Delete  
Name: DRAUD, MARY H  
Address: 546 N.E. 6TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: S ( ) Delete  
Name: VELEZ, MARGARET A  
Address: 12655 S.W. 7TH PL  
City-St-Zip: DAVIE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: HADDAD, SOPHIA D  
Address: 3744 SW QUAIL MEADOW TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HADDAD, GEORGE M JR.  
Address: 1429 SW PINE TREE LANE  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY DRAUD

TRES

01/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date