


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90259 049 \*\*\*150.00

<b>DOCUMENT # P96000079799</b>	
<b>1. Entity Name</b> G & S REALTY ADVISORS, CORP.	

<b>Principal Place of Business</b> 224 WEST FLAGLER STREET MIAMI, FL 33130	<b>Mailing Address</b> 224 WEST FLAGLER STREET MIAMI, FL 33130
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<b>2. Principal Place of Business</b> 1395 Brickell Ave. Suite, Apt. #, etc. 980 City & State Miami, FL Zip 33131 Country USA	<b>3. Mailing Address</b> 9160 W. Bay Harbor Dr. Suite, Apt. #, etc. PH-3 City & State Bay Harbor Isl. FL Zip 33154 Country USA
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04212005 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0700029	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> HANNON, SAMUEL J 224 WEST FLAGLER STREET MIAMI, FL 33130
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<b>7. Name and Address of New Registered Agent</b> Name Sam Hannon Street Address (P.O. Box Number is Not Acceptable) 9160 W. Bay Harbor Dr. City Bay Harbor Isl. FL Zip Code 33154
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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P	<input checked="" type="checkbox"/> Delete
<b>NAME</b> HANNON, WILLIAM S	
<b>STREET ADDRESS</b> 224 WEST FLAGLER STREET	
<b>CITY-ST-ZIP</b> MIAMI, FL 33130	
<b>TITLE</b> Hannon, William S.	<input type="checkbox"/> Delete
<b>NAME</b> 9160 W. Bay Harbor Dr.	
<b>STREET ADDRESS</b> Bay Harbor Isl. FL 33154	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 #**

4-21-05 (305) 866-9893