

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000061612

1. Entity Name
GES HOLDINGS, INC.



Principal Place of Business
3746 EAST 10TH COURT
HIALEAH, FL 33013 US

Mailing Address
P.O. BOX 3340
HIALEAH, FL 33013-0340 US



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0772915

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINOLA, JOSE
3746 EAST 10TH COURT
HIALEAH, FL 33013

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IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-05

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
NAME ESPINOLA, JOSE G
STREET ADDRESS 11651 NW 37TH ST
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VT
NAME SNOWDEN, JAMES C JR
STREET ADDRESS 2601 ARDSLEY DR
CITY-ST-ZIP ORLANDO, FL 31804

TITLE VD
NAME GOMEZ, HECTOR A
STREET ADDRESS 4775 COLLINS AVE. #1408
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000331619
04/26/05-80025-004 150.00

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IN THIS SPACE**

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 #