


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90365 038 ***150.00

DOCUMENT # P97000079083	
1. Entity Name G & G CORP.	

Principal Place of Business 6751 N.W. 34 ST. MARGATE, FL 33063 5554 NW 31st Ave FORT LAUDERDALE FL 33309	Mailing Address 6751 N.W. 34 ST. 2150 NE 42 CT MARGATE, FL 33063 SUITE 8 Lighthouse Point FL 33064
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14004515



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0781430	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
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6. Name and Address of Current Registered Agent GROSSE, JAMES R 6751 N.W. 34 ST. 2150 NE 42 CT STE 8 MARGATE, FL 33063 Lighthouse Point, FL 33064

**DO NOT WRITE
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: <u>James R Grosse</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>2/25/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROSSE, JAMES R 6751 N.W. 34TH STREET MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GROSSE, OLGA P 6751 NW 34TH STREET MARGATE, FL 33063 DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MABEL GROSSE 1231 FOREST AVE NEW KENSINGTON, PA 15068 ADD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: <u>James R Grosse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JAMES R GROSSE Date: <u>2/25/04</u> Daytime Phone #: <u>(954) 445-9995</u>