

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000006783

1. Entity Name
GGM GROUP, INC.



Principal Place of Business
**521 SW 8TH STREET
MIAMI FL 33130**

Mailing Address
**521 SW 8TH STREET
MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0816325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUILLERMO, MARTINEZ
521 SW 8TH STREET
MIAMI FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARTINEZ, GUILLERMO
521 SW 8TH STREET
MIAMI FL 33130** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1100000233993
02/18/05-80002-013 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MARTINEZ, GLORIA
521 SW 8TH STREET
MIAMI FL 33130** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
MARTINEZ, MARIO
1346 SEAGRAPE CIRCLE
FORT LAUDERDALE FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
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CITY - ST - ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

[Signature]

MARIO MARTINEZ

2-15-05

(305) 858-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #