


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000100658		
1. Entity Name GM GROUP SERVICES INC.		

Principal Place of Business 6761 W SUNRISE BLVD UNIT 7 PLANTATION, FL 33313	Mailing Address 6761 W SUNRISE BLVD UNIT 7 PLANTATION, FL 33313
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04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0880126	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 GRANJA, MONICA S 10962 NW 18 PL PLANTATION, FL 33322	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANJA, PATRICIO A 10962 NW 18 PL PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANJA, MONICA S 10962 NW 18 PL PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO GRANJA, PAUL A 10962 NW 18 PL PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANJA, PATRICIA 10962 NW 18 PL PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80068-007 50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Monica S Granja MONICA GRANJA 04-23-07 954-797-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #