


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90011 022 ***150.00

DOCUMENT # P98000105651					
1. Entity Name GMN-HIDDEN, INC.					
Principal Place of Business 300 N.W. 12 AVENUE MIAMI, FL 33128			Mailing Address 300 N.W. 12 AVENUE MIAMI, FL 33128		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0884442	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTORANO, SALVATORE 300 N.W. 12 AVENUE MIAMI, FL 33128				Name: <u>Agustin Dominguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>300 NW 12 Ave</u> City: <u>MIAMI</u> FL <u>33128</u>	
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>[Signature]</u> RA (NOTE: Registered Agent signature required when reinstating) DATE: <u>05/01/2007</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP DOMINQUEZ, AGUSTIN 300 N.W. 12 AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV MARTORANO, SAL 300 N.W. 12 AVENUE MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REVALES, RON 300 NW 12 AVE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIBLEY, JR., RUSSELL 300 NW 12 AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, KATHY 300 NW 12 AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>05/01/2007</u> (305) 324-5505 Daytime Phone #		

A. DOMINQUEZ