

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90019 039 ***150.00

DOCUMENT # P98000106177

1. Entity Name
GGB ENGINEERING, INC.



Principal Place of Business
3109 STIRLING ROAD
SUITE 201
FORT LAUDERDALE, FL 33312

Mailing Address
3109 STIRLING ROAD
SUITE 201
FORT LAUDERDALE, FL 33312

40048836



2. Principal Place of Business - No P.O. Box #
2699 Stirling Rd
Suite, Apt. #, etc.
Suite C-202
City & State
Ft. Lauderdale, FL
Zip
33312 Country
USA

3. Mailing Address
2699 Stirling Rd.
Suite, Apt. #, etc.
Suite C-202
City & State
Ft. Lauderdale, FL
Zip
33312 Country
U.S.A.

03172008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0887885 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOM, GARY G
3109 STIRLING ROAD
SUITE 201
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
GARY G. BLOOM
Street Address (P.O. Box Number is Not Acceptable)
2699 Stirling Road
Suite C-202
City
Ft. Lauderdale FL Zip Code
33312

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/08
DATE

FILE NOW!! FEE IS \$450.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	BLOOM, SANDRA K	
STREET ADDRESS	4301 NORTH HILLS DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GLOOM, GARY G	
STREET ADDRESS	4301 N HILLS DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY G. BLOOM

3/17/07 954-986-9899
Date Daytime Phone #