2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

 	# P9900010	^^^

1. Entity Name

GUMÉNICK HG, INC.



Principal Place of Business

Mailing Address

1920 MERIDIAN AVE 2ND FLOOR 4510 COX RD SUITE 110

MIAMI BEACH, FL 33139

GLEN ALLEN, VA 23060



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0977074 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MANUEL JR. 1920 MERIDIAN AVE 2ND FLOOR MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

	ed entity submits this statement for the pu of registered agent.	urpose of changing its registered	office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURESignatur	are, typed or printed name of registered agent and title if	applicable. (NOTE: Registered A	Qent signetur	e required when reinstating)	DATE
	OWIII FEE IS \$150.00 , 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	-\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
STREET ADDRESS 784 CITY-ST-ZIP NAF TITLE D NAME GUN STREET ADDRESS 9518 CITY-ST-ZIP RICI TITLE D NAME HOF STREET ADDRESS 5020 CITY-ST-ZIP RICI	ST ITE, NANCY G TRAMORE LANE PLES, FL 34108 MENICK, JEROME 8 ARROWDEL COURT HMOND, VA 23229 RSLEY, WALLER H 0 MONUMENT AVENUE HMOND, VA 23230				000000591943 01/19/07-80043-005 150.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [·]	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE					

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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-15-07

804-270-3500

Daylime Phone #