

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001599

FILED
Jul 03, 2007
Secretary of State

Entity Name: GOPI OF FLORIDA, INC.

Current Principal Place of Business:

4425 BLICHTON RD
B1
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

1248 RIBBON RD.
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3701331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ATUL D S
1248 RIBBON RD.
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, VIJAY
Address: 1861 W. WINDY WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: MOTIWALA, BHADRESH
Address: 8019 SABLE CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: PATEL, A
Address: 4425 BLICHTON RD
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: KAPADIA, VISPY
Address: 1197 BENTLEY RD APT # 2
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: NOBLE, MEHERNOSH N
Address: 1197 BENTLEY RD APT #3
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATUL D. PATEL

S

07/03/2007

Electronic Signature of Signing Officer or Director

_____ Date