

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081286

FILED  
Aug 31, 2006  
Secretary of State

Entity Name: GLOBAL ASSOCIATED IMPORTS, INC

**Current Principal Place of Business:**

1680-17 DUNN AVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1680-17 DUNN AVE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 20-1150710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAXPROS ACCOUNTING SERVICES, INC  
7901 4TH AVE NORTH  
101  
ST PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

BASHITI, OMAR  
11310 LAMBORGHINI COURT  
JACKSONVILLE, FL 33702 US

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: OMAR BASHITI

08/31/2006

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: BASHITI, OMAR  
Address: 11310 LAMBORGHINI COURT  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP (X) Delete  
Name: ALBASHITI, MOHAMMED  
Address: 10000 GATE PARKWAY NORTH #2217  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: AOUIL, BASSAM  
Address: 3211 GLENDYNE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Delete  
Name: SULEIMAN, KHALED  
Address: 401 MONUMENT ROAD # 171  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: GHONIM, MOHD ALI  
Address: 16470 CANELONES  
City-St-Zip: HACIENDA HTS, CA 91745

Title: VP ( ) Delete  
Name: MOFLEHI, KHALED  
Address: 4091 FLATBANDS AVE  
City-St-Zip: BROOKLYN, NY 11234

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: OMAR BASHITI

P

08/31/2006

Electronic Signature of Signing Officer or Director

Date