

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100357

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: GINALSAH INC.

**Current Principal Place of Business:**

8745 SW 152ND AVENUE  
SUITE 213  
MIAMI, FL 33193 US

**New Principal Place of Business:**

**Current Mailing Address:**

8745 SW 152ND AVENUE  
SUITE 213  
MIAMI, FL 33193 US

**New Mailing Address:**

FEI Number: 26-3692448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 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: D,P ( ) Delete  
Name: BORACE, GIOVANNI  
Address: 8745 SW 152ND AVENUE SUITE 213  
City-St-Zip: MIAMI, FL 33193 US

Title: D,T ( ) Delete  
Name: BORACE, GIOVANNI A  
Address: 8745 SW 152ND AVENUE SUITE 213  
City-St-Zip: MIAMI, FL 33193 US

Title: D,VP ( ) Delete  
Name: SCHMALBACH, IVONNE  
Address: 8745 SW 152ND AVENUE SUITE 213  
City-St-Zip: MIAMI, FL 33193 US

Title: D,S ( ) Delete  
Name: BORACE, SARAH H  
Address: 8745 SW 152ND AVENUE SUITE 213  
City-St-Zip: MIAMI, FL 33193 US

**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:

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: GIOVANNI BORACE

DP

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date