

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035285

FILED  
Jun 11, 2004  
Secretary of State

Entity Name: GREGORI INTERNATIONAL OF FLORIDA INC.

## Current Principal Place of Business:

520 BRICKELL KEY DR  
SUITE O-305  
MIAMI, FL 33131

## New Principal Place of Business:

8350 NW 56TH STREET  
MIAMI, FL 33166 US

## Current Mailing Address:

520 BRICKELL KEY DR  
SUITE O-305  
MIAMI, FL 33131

## New Mailing Address:

8350 NW 56TH STREET  
MIAMI, FL 33166 US

FEI Number: 65-0410725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN, STEPHEN A  
520 BRICKELL KEY DR  
SUITE O-305  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: LECLERC, CHRISTOPHE  
Address: 8350 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: P ( ) Delete  
Name: GREGORI, JEAN-LOUIS  
Address: 520 BRICKELL KEY DR #303  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: GREGORI, XAVIER  
Address: 8350 NW 56 STREET  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition  
Name: LECLERC, CHRISTOPHE  
Address: 8350 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: P (X) Change ( ) Addition  
Name: GREGORI, JEAN-LOUIS  
Address: 520 BRICKELL KEY DR #305  
City-St-Zip: MIAMI, FL 33131 US

Title: VP (X) Change ( ) Addition  
Name: GREGORI, XAVIER  
Address: 8350 NW 56 STREET  
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHE LECLERC

DS

06/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date