


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # P93000035285
 1. Entity Name
GREGORI INTERNATIONAL OF FLORIDA INC.



Principal Place of Business 8350 NW 56TH STREET MIAMI, FL 33166 US	Mailing Address 8350 NW 56TH STREET MIAMI, FL 33166 US
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01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0410725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FREEMAN, STEPHEN A
 520 BRICKELL KEY DR
 SUITE O-305
 MIAMI, FL 33131**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LECLERC, CHRISTOPHE 8350 NW 56TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORI, JEAN-LOUIS 520 BRICKELL KEY DR #305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGORI, XAVIER 8350 NW 56 STREET MIAMI, FL 33166
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____