


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000084966**  
1. Entity Name  
**GINA BUILDING CORP.**



Principal Place of Business      Mailing Address  
**625 BILTMORE WAY, APT 1202**      **625 BILTMORE WAY, APT 1202**  
**CORAL GABLES, FL 33134**              **CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



01192006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0786975**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CAMJI, VICTOR**  
**625 BILTMORE WAY, APT 1202**  
**MIAMI, FL 33134**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000418485  
02/14/06-80010-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CAMJI, VICTOR</b>
STREET ADDRESS	<b>625 BILTMORE WAY, APT 1202</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]*      *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR