


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**


**DOCUMENT # P34219**  
 1. Entity Name  
**GREGORI INTERNATIONAL, INC.**



Principal Place of Business  
 8350 N.W. 56TH STREET  
 MIAMI, FL 33166

Mailing Address  
 8350 N.W. 56TH STREET  
 MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0263067 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, STEPHAN A.**  
 520 BRICKELL KEY DRIVE  
 SUITE O-305  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREGORI, JEAN LOUIS RN 20 31790 SAINT JORY FRANCE,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PACE, CHRISTIAN RN 20 31790 SAINT JORY FRANCE,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LECLERC, CHRISTOPHE 8350 N.W. 56TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GREGORI, XAVIER 8350 NW 56TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 07/09/04-80015-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Christophe Leclerc Date: 7/6/04 Daytime Phone #: 305 663-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR