


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 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



01192007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0263067 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____

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 | 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

1170110614845
02/05/11-80001-022 150.00

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 # _____