

2006 FORM FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 045 ***150.00

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|--|--|--|--|---|---|
| DOCUMENT # 596066 1. Entity Name GARDRY CORP. | | | | | |
| Principal Place of Business 2450 HOLLYWOOD STE 401 HOLLYWOOD, FL 33020 | | | Mailing Address 2450 HOLLYWOOD STE 401 HOLLYWOOD, FL 33020 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 60008680 | |
| City & State | | City & State | | 4. FEI Number 59-1900028 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FISCHER, STEVEN P., C.P.A. 300 SOUTH PINE ISLAND ROAD SUITE 110 PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DREYER, EDGAR 2450 HOLLYWOOD BLVD STE 401 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DREYER, JOEL 2450 HOLLYWOOD BLVD STE 401 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>Joel P. Dreyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date | | Daytime Phone # 954-920-8877 |