

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000001454**

1. Entity Name  
**INTERCHANGE ASSOCIATES INC.**



Principal Place of Business  
**C/O THE MICHAEL GAICH CO.  
190 S. SYKES CREEK PKWY # 4  
MERRITT ISLAND, FL 32952 US**

Mailing Address  
**C/O THE MICHAEL GAICH CO.  
190 S. SYKES CREEK PKWY # 4  
MERRITT ISLAND, FL 32952 US**



02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **51-0344581** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAICH, MICHAEL  
THE MICHAEL GAICH COMPANY  
190 S. SYKES CREEK PKWY, SUITE 4  
MERRITT ISLAND, FL 32952**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**10. OFFICERS AND DIRECTORS**

TITLE PCD  
NAME NASHAR, MAHMOUD M  
STREET ADDRESS PO BOX 6697, JEDDAH, SAUDIA ARABIA  
CITY-ST-ZIP C/O 725 FIFTH AVE, NY, NY 10022

TITLE VCD  
NAME KHASHOGGI, HUSNI H  
STREET ADDRESS PO BOX 13162, JEDDAH, SAUDIA ARABIA  
CITY-ST-ZIP C/O 725 FIFTH AVE, NY, NY 10022

TITLE S  
NAME GAICH, MICHAEL  
STREET ADDRESS 190 SOUTH SYKES CREEK PARKWAY  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000438589  
03/01/06 80013-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: MICHAEL GAICH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06

Date

Daytime Phone #