

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90010 006 ****61.25

DOCUMENT # N05000003373

1. Entity Name

GAISHA, INC.



Principal Place of Business

19101 NW 33RD PLACE
MIAMI FL 33056

Mailing Address

19101 NW 33RD PLACE
MIAMI FL 33056

2. Principal Place of Business

852 W Palm Run Dr.

3. Mailing Address

852 W Palm Run Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

North Lauderdale, FL

City & State

North Lauderdale, FL

4. FFL Number

20-2674926

Applied For

Not Applicable

Zip

33068

Country

Broward

Zip

33068

Country

Broward

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

EUGENE, MEDGTH
19101 NW 33RD PLACE
MIAMI FL 33056

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

Medgth Eugene

Medgth Eugene

9-5-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME EUGENE, MEDGTH
STREET ADDRESS 19101 NW 33RD PLACE
CITY-ST-ZIP MIAMI FL 33056

TITLE DS ☐ Delete
NAME SWARTZ, JOSETTE
STREET ADDRESS 19101 NW 33RD PLACE
CITY-ST-ZIP MIAMI FL 33056

TITLE DT ☐ Delete
NAME JAMES, EVELYN
STREET ADDRESS 19101 NW 33RD PLACE
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Medgth Eugene

9-5-06