

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011067

FILED
Apr 06, 2009
Secretary of State

Entity Name: GEMATRIA 888, INC.

Current Principal Place of Business:

2734 OLD HWY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

POB 1729
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 20-5765173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARAMA, OSHA
1335 ELRAY BLVD.
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HARAMA, OSHA
Address: 1335 ELRAY BLVD.
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: CHARANDA, THORAM
Address: 3975 DORA WOOD DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: VILAM, BENAHEM
Address: 1006 LAKEVIEW DR
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: RADHA, PURUSHA K
Address: 2750 DAVID WALKER DR 2121
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BJAIA, BEN-AVARI
Address: 441 E 11TH AVE
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSHA HARAMA

MS

04/06/2009

Electronic Signature of Signing Officer or Director

Date