


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90257 004 \*\*\*150.00

<b>DOCUMENT # P00000114056</b> 1. Entity Name <b>GEMATRIA CENTER, INC.</b>					
Principal Place of Business <b>2734 OLD U.S. HIGHWAY 441 MOUNT DORA FL 32757</b>			Mailing Address <b>PO BOX 1729 MOUNT DORA FL 32756</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>G. EDWARD CLEMENT 308 EAST FIFTH AVENUE MOUNT DORA FL 32757</b>				Name <b>OSHA HARAMA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2734 Old U.S. Hwy 441</b> City <b>Mount Dora</b> <b>FL</b> Zip Code <b>32757</b>	
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 <u><i>Asha Harama</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>TELANA, KALI</b> <b>POST OFFICE BOX 1729</b> <b>MOUNT DORA FL 32757</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>HARAMA, OSHA</b> <b>1335 ELRAY BLVD</b> <b>MOUNT DORA, FL 32757</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>BEN-ATRI, ZEBON</b> <b>POST OFFICE BOX 1729</b> <b>MOUNT DORA FL 32757</b> <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	<b>D</b> <b>BEN-AVARI, B'JAIA</b> <b>POST OFFICE BOX 1729</b> <b>MOUNT DORA FL 32757</b> <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	<b>D</b> <b>B'NAI, EARMASON</b> <b>POST OFFICE BOX 1729</b> <b>MOUNT DORA FL 32757</b> <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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Asha Harama</i></u>			Date <u>4/25/04</u> Daytime Phone # <u>352-385-1388</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					