

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013039

Entity Name: GULATI & ASSOCIATES, PA

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

10028 PINES BLVD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

2301 N UNIVERSITY DR
209
PEMBROKE PINES, FL 33024

Current Mailing Address:

10726 CHARLESSTON PL
HOLLYWOOD, FL 33026

New Mailing Address:

10726 CHARLESSTON PL
HOLLYWOOD, FL 33026

FEI Number: 03-0447697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULATI, MANJIT
10726 CHARLESTON PL
HOLLYWOOD, FL 33026 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GULATI, MANJIT
Address: 10726 CHARLESTON PLACE
City-St-Zip: COOPER CITY, FL 33026

Title: VSD () Delete
Name: GULATI, SUKHVINDER
Address: 10726 CHARLESTON PLACE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANJIT GULATI

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date