

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90202 001 ***150.00

DOCUMENT # P01000052408

1. Entity Name
JOHN GAIL INC.



Principal Place of Business
8510 NW 3RD LANE #504
MIAMI, FL 33126

Mailing Address
8510 NW 3RD LANE #504
MIAMI, FL 33126

40084100



2. Principal Place of Business
3600 S. STATE Rd. 7

3. Mailing Address
3600 S. STATE Rd. 7

04292005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
SUITE # 368

Suite, Apt. #, etc.
SUITE # 368

4. FEI Number
45-1120957

Applied For
Not Applicable

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

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

Zip 33023 Country USA

Zip 33023 Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMKISSOON, CHUNI
8510 NW 3RD LANE #504
MIAMI, FL 33126

Name
Street Address (P.O. Box Number is Not Acceptable)
3600 S. STATE Rd. 7
SUITE # 368
City MIRAMAR FL Zip Code 33023

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RAMKISSOON, CHUNI	8510 NW 3RD LANE #504	MIAMI, FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3600 S. STATE Rd. 7	MIRAMAR, FL. 33023	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/05 305-219-9791
Date Daytime Phone #