


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000003579	
1. Entity Name GYRO'S INC.	

Principal Place of Business 425 W. MEMORIAL BLVD. LAKELAND, FL 33815	Mailing Address 425 W. MEMORIAL BLVD. LAKELAND, FL 33815
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)


4. FEI Number 03-0377131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MHAMDI, MEHREZ
425 W. MEMORIAL BLVD.
LAKELAND, FL 33815**

DO NOT WRITE IN THIS SPACE

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  **Mehrez mhamdi**
President
DATE **4/26/06**

(NOTE: Registered Agent signature required when registering)

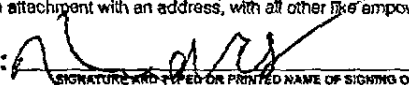
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000555203 05/16/06-80025-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MHAMDI, MEHREZ 425 W. MEMORIAL BLVD. LAKELAND, FL 33815
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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 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:  **Mehrez mhamdi**
President
DATE **4/26/06** 813-764-8046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR