


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000048971</b> 1. Entity Name <b>GAIA CENTER INC</b>	
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Principal Place of Business <b>14470 SW 138 CT MIAMI, FL 33186</b>	Mailing Address <b>14470 SW 138 CT MIAMI, FL 33186</b>
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-4212102</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>PREPETIT, GLADYS 13769 SW 147 CIRCLE LANE MIAMI, FL 33186</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, type id or printed name of registered agent; and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U000000782387  
01/15/08-80074-001 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WADE, NICOLE P 14470 SW 138 CT MIAMI, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WADE, CHARLES J 14470 SW 138 CT MIAMI, FL 33186</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: Nicole P Wade Jan 5, 2008 305-234-3177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**NICOLE P WADE**