

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090624

Entity Name: GARAS HOLDINGS INC.

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

800 SW 12 PL
WEST UNIT
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

2663 HOURGLASS DR
HENDERSON, NV 89052

Current Mailing Address:

800 SW 12 PL
WEST UNIT
FORT LAUDERDALE, FL 33315

New Mailing Address:

2663 HOURGLASS DR
HENDERSON, NV 89052

FEI Number: 06-1644802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAS, RAAFAT D
800 SW 12 PL
WEST UNIT
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

GARAS, RAAFAT D
2663 HOURGLASS DR
HENDERSON, FL 89052 US

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:

07/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GARAS, RAAFAT
Address: 800 SW 12 PL
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DVS () Delete
Name: GARAS, NOHA
Address: 800 SW 12 PL
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GARAS, RAAFAT
Address: 2663 HOURGLASS DR
City-St-Zip: HENDERSON, NV 89052

Title: DVS (X) Change () Addition
Name: GARAS, NOHA
Address: 2663 HOURGLASS DR
City-St-Zip: HENDERSON, NV 89052

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: NOHA GARAS

MRS

07/16/2008

Electronic Signature of Signing Officer or Director

Date