2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 8:00 am Secretary of State

Malling Address Sel 10 N 19TH ST	DOCUMENT # P03000096900 1. Entity Name GORGAI CORP.					02-26-2004 90018 037 ***150.00			
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S. Certificate of Status Beered 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL 20 Code City FL 20 Code City FL 20 Code City FL Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) City FL Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) City FL Address (P.O. Box Number is Not Acceptable) Address (P.O. Box N					4. FEI Numbe	2125076	No	t Applicable	
Name	Zip			Coun	try	ļ		Fee Required	
Street Address (PO Box Number is Not Acceptable) Street Address (PO Box Number is Not Acceptable) City FL Zp Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P S. Election Campaign Financing St. 00 May Be Added to Fees Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE OARCIA, JAIME H STREET ADDRESS CITY-ST-2P TITE NAMM, FL 33165 TITE NAME STREET ADDRESS CITY-ST-2P TITE NAMM, FL 33165 TITE OBdet TITE NAME STREET ADDRESS CITY-ST-2P TITE STREET ADDR		6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	GARCIA	IAIME HAN TO THE COLOR	عالموني بالارتبالي المحسورة						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. NOTE Registered Agent Agent Signature required agent and time auditicative. NOTE Registered Agent Signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE Registered Agent Signature required agent and time auditicative. NOTE Registered Agent Signature required when reintaking. DATE	8810 SE 19TH ST.				Street Address	(P.O. Box Numbe	er is Not Acceptable)	
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 Signature. FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Prust Fund Contribution. Signature required when retreating. 9. Election Campaign Financing Trust Fund Contribution. Since Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE NOW WILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Since Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE NAME SINCE ADDRESS CITY-SI-2P FILE NOW, 13.165 FILE					City FL Zip Code			•	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.	SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NO1	TE: Registere	d Agent signature require	d when reinstating)		DATE	
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		partify that the information cumulied with	this filing does not qualify for			Section 119 07(3\/	i) Florida Statutes I	further certify that the in	formation

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Horida 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 orall; 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:

KHAZOUYAN ARCHALOUS
SIGNATUME AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-04 (786) 356-1384