2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P04000084812

Entity Name: GYN ENTERPRISES, INC.

Current Principal Place of Business:

283 CRANES ROOST BLVD
111
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

317 N SHADOWBAY BLVD
LONGWOOD, FL 32779

Current Mailing Address:

283 CRANES ROOST BLVD
111
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

317 N SHADOWBAY BLVD
LONGWOOD, FL 32779

FEI Number: 20-1560112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CEVALLOS, HEKTOR N
283 CRANES ROOST BLVD
111
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

CEVALLOS, HEKTOR N
317 N SHADOWBAY BLVD
LONGWOOD, FL 32779 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: HEKTOR N CEVALLOS 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CEVALLOS, HEKTOR N
Address: 317 SHADOWDAY BLVD N
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: MONTESDEOCA, VIOLETA
Address: 317 SHADOWBAY BLVD N
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CEVALLOS, HEKTOR N
Address: 317 SHADOWDAY BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HEKTOR N CEVALLOS P 04/20/2009
Electronic Signature of Signing Officer or Director Date