2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P0400089629 1. Entity Name GERSAGI ENTERPRISES, INC.								05-02-2005 90	•	***150.0	00
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Principal Place of Business				Mailing Address			1				
4204 NW 201 ST				4204 NW 201 ST			1				
CAROL CITY, FL 33055				CAROL CITY, FL 33055							
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2. Principal Place of Business				3. Mailing Address							
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			┥				
dulle, Apt. II, cto.							04272005	Chg-P	CR2E0	34 (10/03)	
City & State			- C	City & State			4. FEI Numb			Ar	oplied For
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Zip Country			7	ip	Coun	trv	 ~~	127221		\$8.75 Add	 _
2.0	Country			.,	,	5. Certificate	of Status Desired		⊅o./ ⊃ Add Fee Require	ditional d	
6. Name and Address of Current I				ered Agent		7 Name and	Address of New Re				
	o. Hanne	and Addiess of Carre	ii itegist	cioa Again		Name	7. Hallie alle	Addies of New He	gistered A	.gent	
GIL, GERS	MIAS					regino					
4204 NW 201 ST						Street Address (P.O. Box Number is Not Acceptable)					
CAROL CI		3055									
	,										
						City		··		1 25- 0-4	
*						City			FL	Zip Cod	e
8. The above named entity subrigits 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, typed or printingframe of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIN FEET'S \$450.00 9. Election Campaign Financing \$5.00 May Be											
FILE NOW!!! FEE'S \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. OFFICERS AND DIRECTORS							ADDITIONS.	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE "	PSTD			Delete	TITLE	:				Change	Addition
NAME	GIL, GER				NAM	E					
STREET ADDRESS	4204 NW				STRE	ET ADDRESS					
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12. I hereby o	ertify that th	e information supplied w	ith this filli	ng does not qualify for	the eye	mntion stated in S	Section 119 07(3)	i) Florida Statutes I	further cert	rify that the in	oformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 K-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 corporations.											