

PD4000089629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

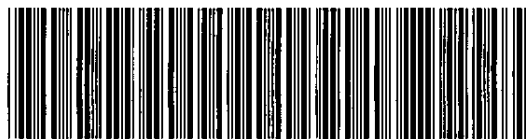
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gersagi Enterprises Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P04000089629

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gersain Gil  
Name of Contact Person

Gersagi Enterprises Inc.  
Firm/Company

2640 South University Drive #110  
Address

Davie, FL 33328  
City/State and Zip Code

gersa13@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gersain Gil at ( 954 ) 4423559  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2009

GERMAIN GIL  
GERSAGI ENTERPRISES, INC.  
2640 SOUTH UNIVERSITY DRIVE #110  
DAVIE, FL 33328

SUBJECT: GERSAGI ENTERPRISES, INC.  
Ref. Number: P04000089629

We have received your document for GERSAGI ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 009A00027428

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gersagi Enterprises, Inc.
2. The principal office address: 2640 South University Drive #110, Davie, FL, 33328
3. The mailing address (if different): 2640 South University Drive #110, Davie, FL, 33328
4. Date of incorporation/qualification: 06/06/2004 Document number: P04000089629
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GERMAIN GIL

7610 STIRLING ROAD APT G-104

HOLLYWOOD FL, 33024

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GERMAIN GIL

2640 South University Drive #110

P.O. Box NOT acceptable

Davie, FL, 33328

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TALLAHASSEE, FLORIDA  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Gersain Gil, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
\_\_\_\_\_  
Signature of Registered Agent

08/03/2009

Date

If signing on behalf of an entity:

Gersain Gil

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314