## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000124398

Name:

Address:

City-St-Zip:

9730 NW 23 CT

PEMBROKE PINES, FL 33024 US

**Entity Name:** GILLIAN FORGENIE, INC.

FILED May 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 233 SE 12TH AVE FORT LAUDERDALE, FL 33301 LIS **Current Mailing Address: New Mailing Address:** 233 SE 12TH AVE FORT LAUDERDALE, FL 33301 US FEI Number: 34-2015430 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORGENIE, GILLIAN 233 SE 12 ÁVE FT LAUDERDALE, FL 33301 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FORGENIE, GILLIAN A Name: Name: 9730 NW 23 CT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition FORGENIE, GILLIAN A Name: Name: 9730 NW 23 CT Address: Address: PEMBROKE PINES, FL 33024 US City-St-Zip: City-St-Zip: Title: Title: TRES ( ) Delete () Change () Addition FORGENIE, GILLIAN A Name: Name: 9730 NW 23 CT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition FORGENIE, GILLIAN A

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GILLIAN FORGENIE **PRES** 05/04/2007