


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90382 045 ***150.00

DOCUMENT # P04000124398

1. Entity Name
GILLIAN FORGENIE, INC.



Principal Place of Business Mailing Address
233 SE 12TH AVE **233 SE 12TH AVE**
FORT LAUDERDALE, FL 33301 US **FORT LAUDERDALE, FL 33301 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
9730 NW 23rd Ct **9730 NW 23rd Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pembroke Pines FL **Pembroke Pines FL**
 Zip Country Zip Country
33024 **U.S** **33024** **U.S**

40000000



01212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
34-2015430 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FORGENIE, GILLIAN
233 SE 12 AVE
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Gillian Forgenie* DATE: **04-24-08**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FORGENIE, GILLIAN A	
STREET ADDRESS	9730 NW 23 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FORGENIE, GILLIAN A	
STREET ADDRESS	9730 NW 23 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	FORGENIE, GILLIAN A	
STREET ADDRESS	9730 NW 23 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	FORGENIE, GILLIAN A	
STREET ADDRESS	9730 NW 23 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gillian Forgenie* DATE: **04-24-08** Daytime Phone #

Signature and typed or printed name of signing officer or director