

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000125908

1. Entity Name
GITA, INC.



Principal Place of Business
1455 SEMORAN BLVD.
#223
CASSELBERRY, FL 32702

Mailing Address
1455 SEMORAN BLVD.
#223
CASSELBERRY, FL 32702



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1569705

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMIN, HETAL
1455 SEMORAN BLVD.
#223
CASSELBERRY, FL 32702

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000653433
03/13/07-80022-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	AMIN, HETAL
STREET ADDRESS	1455 SEMORAN BLVD. #223
CITY-ST-ZIP	CASSELBERRY, FL 32702
TITLE	VTD
NAME	AMIN, KINNARI H
STREET ADDRESS	1455 SEMORAN BLVD. #223
CITY-ST-ZIP	CASSELBERRY, FL 32702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/30/07 407-678-2229