2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam GELAYN	n e	# P07000073	3715		05-13-2008 90010 006 ***150.00				
Principal Place of Business Mailing Address						1			
5271 SW 8 S MIAMI, FL 3		PO BOX 351054 MIAMI, FL 33135						AH(##1 /4 1884	
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			02112008	Chg-P	CR2E034 (12/06)	I
City & Stat	е		City & State			4. FEI Numb	3-048	フルンヘー	pplied For lot Applicable
Zip		Country	Zip	Cour	ntry	5. Certificate	of Status Desired	\$8.75 Ac	ditional
6. Name and Address of Current			Registered Agent		Ι .	7. Name and	Address of New R	······	
C. Halle and Addiss of Ourient Inglished Agent					Name				
MARRERO, MARLEN 5271 SW 8 ST APT.402					Street Address (Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33134									
					City			FL Zip Coo	de
8. The above named entity submits this statement for the purpose of changing its registere					ed office or register	ed agent, or bo	th, in the State of Flo		, and accept
the obligations of registered agent.									
SIGNATURE									
Signature syped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
D. Floring Committee Commi									
FILE NOWRI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
	4 (4.5)	<u> </u>							
10.	OFFICERS AND DIRECTORS 111 PD Delete 71				· I	ADDITIONS,	CHANGES TO OFF	FICERS AND DIRECTOR	
NAME	. –	O, MARLEN	€ Delete	☐ Delete TITLE NAME				☐ Change	Addition
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CITY-ST-ZIP	MIAMI, FL 33134			CITY	-ST-ZIP				
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STREET ADDRESS CITY+ST-ZIP				ET ADDRESS - ST-ZIP					
	certify that the	e information supplied wit	h this filing does not qualify			t in Chanter 119	9. Florida Statutos I	I further certify that the	information
12. I hereby certify that the information supplied with this filling 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 secure and that my signature shall have the same legal effect as it 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									
of the corporation or the receive 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.									