## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096203

Entity Name: GRATITUDE ENTERPRISE, CORP.

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5960 W SAMPLE ROAD, 9#205 217 VIA D' ESTE CORAL SPRINGS, FL 33068 APT 1809

DELRAY BEACH, FL 33445

**Current Mailing Address: New Mailing Address:** 

217 VIA D' ESTE 5960 W SAMPLE ROAD, 9#205 CORAL SPRINGS, FL 33068

APT 1809

DELRAY BEACH, FL 33445

FEI Number: 33-1178972 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:

GAZOTO DA SILVA, GRACE B GAZOTO DA SILVA, GRACE B 6802 WILKOW DRIVE SUITE L207 217 VIA D' ESTE APT 1809

ORLANDO, FL 32821 DELRAY BEACH, FL 33445 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: GRACE B GAZOTO DA SILVA 05/01/2008

> 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:**

Title: ( ) Delete Title: GAZOTO DA SILVA, GRACE B Name: Name: 6802 WILKOW DRIVE SUITE L207 Address: Address:

City-St-Zip: ORLANDO, FL 32821

( ) Delete Title: DVP Name: GABRIEL DA SILVA, AURELIO 6802 WILKOW DRIVE SUITE L207 Address:

ORLANDO, FL 32821 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition GAZOTO DA SILVA, GRACE B 217 VIA D' ESTE APT 1809 City-St-Zip: DELRAY BEACH, FL 33445

Title: DVP (X) Change ( ) Addition Name: GABRIEL DA SILVA, AURELIO Address: 217 VIA D' ESTE APT 1809 DELRAY BEACH, FL 33445 City-St-Zip:

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.

SIGNATURE: GRACE B GAZOTO DA SILVA DP 05/01/2008