

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008616

FILED
May 07, 2009
Secretary of State

Entity Name: GINA'S CUSTOM FLAVORED ICES, INC.

Current Principal Place of Business:

1230 STATIONSIDE DRIVE
OAKLAND, FL 34787 US

New Principal Place of Business:

1853 SIR LANCELOT CIRCLE
ST CLOUD, FL 34772 US

Current Mailing Address:

1230 STATIONSIDE DRIVE
OAKLAND, FL 34787 US

New Mailing Address:

1853 SIR LANCELOT CIRCLE
ST CLOUD, FL 34772 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSTEN, BERYLANN
1230 STATIONSIDE DRIVE
OAKLAND, FL 34787 US

Name and Address of New Registered Agent:

LAWRENCE, ASMAR
1853 SIR LANCELOT CIRCLE
ST CLOUD, FL 34772 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: ASMAR LAWRENCE

05/07/2009

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: P () Delete
Name: LAWRENCE, ASMAR
Address: 1230 S. 47TH STREET
City-St-Zip: PHILADELPHIA, PA 19143

Title: T () Delete
Name: LAWRENCE, REGINA
Address: 1230 S. 47TH STREET
City-St-Zip: PHILADELPHIA, PA 19143

Title: COO () Delete
Name: LAWRENCE, JAMAR
Address: 1230 S. 47TH STREET
City-St-Zip: PHILADELPHIA, PA 19143

Title: S (X) Delete
Name: HOSTEN, SPENCE
Address: 1212 N. 64TH STREET
City-St-Zip: PHILADELPHIA, PA 19151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAWRENCE, ASMAR
Address: 1230 S 47TH STREET
City-St-Zip: PHILADELPHIA, PA 19143 US

Title: T (X) Change () Addition
Name: LAWRENCE, REGINA
Address: 1230 S 47TH STREET
City-St-Zip: PHILADELPHIA, PA 19143 US

Title: COO (X) Change () Addition
Name: LAWRENCE, JAMAR
Address: 1230 S 47TH STREET
City-St-Zip: PHILADELPHIA, PA 19143 US

Title: () Change () Addition
Name:
Address:
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: ASMAR LAWRENCE

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date