


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P34219 1. Entity Name GREGORI INTERNATIONAL, INC.		
Principal Place of Business 8350 N.W. 56TH STREET MIAMI, FL 33166		Mailing Address 8350 N.W. 56TH STREET MIAMI, FL 33166
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FREEMAN, STEPHAN A. 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREGORI, JEAN LOUIS RN 20 31790 SAINT JORY FRANCE,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PACE, CHRISTIAN RN 20 31790 SAINT JORY FRANCE,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LECLERC, CHRISTOPHE 8350 N.W. 56TH STREET MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GREGORI, XAVIER 8350 NW 56TH STREET MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0263067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/05/11-BOW1-022 150.00

**DO NOT WRITE
IN THIS SPACE**