

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054701

Entity Name: GHARSALLI, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

4004 E. HILLSBOROUGH AVE.  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

15903 LAYTON COURT  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 59-3266760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GHARSALLI, SALEM  
18430 KUKA LANE  
SPRING HILL, FL 34610 US

## Name and Address of New Registered Agent:

DRUDY, DENISE  
320 W FLETCHER AVENUE  
101  
TAMPA, FL 33612 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: DENISE DRUDY

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: P ( ) Delete  
Name: SALEM, GHARSALLI  
Address: 18430 KUKA LN.  
City-St-Zip: SPRING HILL, FL 34610

Title: VP ( ) Delete  
Name: BOUAZIZI, MONSEF  
Address: 15903 LAYTON CT  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete  
Name: BOUAZIZI, NAJET  
Address: 15903 LAYTON CT  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete  
Name: GHARSALLI, PAMELA  
Address: 18430 KUKA LANE  
City-St-Zip: SPRING HILL, FL 34610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SALEM GHARSALLI

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date