2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2009
Secretary of State

DOCUMENT# P94000054701

Entity Name: GHARSALLI, INC.

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:

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

Name and Address of New Registered Agent:

GHARSALLI, SALEM
18430 KUKA LN
SPRING HILL, FL 34610 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: SALEM GHARSALLI 06/11/2009
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: 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: OSAMA S. KAYALI CPA 06/11/2009
Electronic Signature of Signing Officer or Director Date