2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90181 002 ***150.00 DOCUMENT # P94000081043 GENTLEMEN'S CHOICE, INC. Principal Place of Business Mailing Address 303 US HWY 301 BLVD W 303 US HWY 301 BLVD W #209 #209 BRADENTON, FL 34205 BRADENTON, FL 34205 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc Suite, Apt. #, etc. 01102007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-0528951 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IBRAHIM, FAROUKS Street Address (P.O. Box Number is Not Acceptable) 303 US HWY 301 BÜVD W **ROOM 209** BRADENTON, FL 34205 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PVST TITLE Addition ☐ Delete TITLE IBRAHIM, FAROUK NAME 4910 23RD ST E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34203 ☐ Addition Change ☐ Delete TITLE IBRAHIM, FAROUK NAME NAME STREET ADDRESS 4910 23RD ST E STREET ADDRESS CITY-\$1-ZIP BRADENTON, FL 34203 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE IBRAHIM, BASSEM NAME NAME STREET ADDRESS 4910 23RD ST E STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON, FL 34203 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:X OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

X 1 - 12.07

FILED