2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P9400081043 1. Entity Name GENTLEMEN'S CHOICE, INC.								04-14-2008 9	90066 0	07 ***150	0.00
Principal Plac	e of Business	3	Mailing Address	i							
303 US HWY #209	301 BLVD \	N	303 US HWY 301 BLVI #209	D W				•		·	
BRADENTON, FL 34205 US BRADENTON, FL 34205 US											
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 303 US HWY 301 RIWW 303 US HWY 301								1151; 1131 1211; 1111		B 38 6484	
Suite, Apt. #, etc. # 84/			Suite, Apt. #, etc. # 8 4/				04102008	Chg-P	CR2E	34 (12/06)	plied For
Bradenton FL.34205			Braden ton	.3420	25	4. FEI Number 65-05289	51		<u> </u>	t Applicable	
Zip Country			Zip	try	5. Certificate of Statu		Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current F	Registered Agent Name				7. Name and Ad	Idress of New Re	gistered	Agent	
IBRAHIM, FAROUK						BR	MIHA	FAROL) (C		
303 US HV	VY 301 BL			Street Ad	idress (I	P.O. Box Number is HWY 70	Not Acceptable)	\1			
ROOM 205 BRADENT	9" & 4 <i>1</i> ON, FL 3			Roo	m	241	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	•					 -	20100		FL	Zip Code	
The above named entity submits this statement for the purpose of changing its registered.						Iffice or registered agent, or both, in the State of			34603		
	ions of regist		, ,	·		-					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature in									DATE		<u>. </u>
	Signature, typed	printed rame or registered agent in	no sue il applicación. (NO)	C. POUNKEION	O Albert september	e required	(Wildlife (Wildlife)		, pare		* _ ** *
		FEE IS \$150.00 B Fee will be \$550.0	9. Election Campa Trust Fund Conf		ncing		00 May Be ed to Fees				
10.	DVCT	OFFICERS AND D		11.		PV.		IANGES TO OFFI	CERS AND	DIRECTORS Change	S IN 11
TITLE NAME	PVST IBRAHIM,	FAROUK	∠ Detete	NAMI	E	IBR	HIM. F.	IROUK		Clange	☐ Audition
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CITY-ST-ZIP	BRADEN	TON, FL 34203	Delete	TITLE	-ST-ZIP	$\tilde{\alpha}$	aden to T) FL.3	460	_S ☐ Change	☐ Addition
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CITY-ST-ZIP	BRADEN	TON, FL 34203	□ Delete	TITLE	-31-21	1510	adentor) / L- S	420	☐ Change	Addition
NAME			L. Deicte	NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -St-zip						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME				NAM							
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TITLE	11.0		☐ Delete	TITLE			,			☐ Change	☐ Addition
NAME			64	MAM H	- 1						
STREET ADDRESS CITY-ST-ZIP			-		ET ADDRESS -ST-ZIP						
	certify that th	e information supplied with	this filing does not qualify for		<u>t</u>	ontained	in Chapter 119, F	lorida Statutes. I I	further cer	tify that the in	nformation
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 of the receiver or trustee empowered.											
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