

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000083265

FILED
Jan 16, 2009
Secretary of State

Entity Name: GAMI PROPERTIES FLORIDA, INC.

Current Principal Place of Business:

C/O LITMAN GERSON LLP
500 W CUMMINGS PK, #4900
WOBURN, MA 01801 US

New Principal Place of Business:

C/O LITMAN GERSON LLP ATTN: S. MUCCIO
500 W CUMMINGS PK, #4900
WOBURN, MA 01801 US

Current Mailing Address:

C/O LITMAN GERSON LLP
500 W CUMMINGS PK, #4900
WOBURN, MA 01801 US

New Mailing Address:

C/O LITMAN GERSON LLP ATTN: S. MUCCIO
500 W CUMMINGS PK, #4900
WOBURN, MA 01801 US

FEI Number: 04-3296356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANKIN, JANE C ESQ.
C/O KUBICKI DRAPER
ONE EAST BROWARD BOULEVARD SUITE 1600
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, DINESH DR
Address: 500 W CUMMINGS PK, #4900
City-St-Zip: WOBURN, MA 01801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PATEL DINESH DR

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date