

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079270

Entity Name: GULFRIN INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

5625 MEMORIAL PKWY.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

3032 JODI LANE
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3258903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALI, ANAYAT
412 SOUTH OREGON
TAMPA, FL 33606 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: PD () Delete
Name: ALI, ANAYAT
Address: 412 SOUTH OREGON
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: ALI, GULFRIN
Address: 412 SOUTH OREGON
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: ALI, SHAFKAT A
Address: 3032 JODI LANE
City-St-Zip: PALM HARBOR, FL 34684

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:

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: SHAFKAT AKBAR ALI

D

03/19/2008

Electronic Signature of Signing Officer or Director

Date