

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000079270

Entity Name: GULFRIN INC.

**FILED**  
**Apr 28, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANAYAT ALI

PD

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date