

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000042918**

1. Entity Name  
**GAMI OCEANFRONT, INC.**



**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**C/O LITMAN GERSON LLP  
500 W. CUMMINGS PK., #4900  
WOBURN, MA 01801**

Mailing Address  
**C/O LITMAN GERSON LLP  
500 W. CUMMINGS PK., #4900  
WOBURN, MA 01801**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0834611</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RANKIN, JANE C ESQ.  
C/O KUBICKI DRAPERD  
ONE EAST BROWARD BLVD., STE. 1600  
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

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

U00000954054  
07/10/08-80009-012 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	PATEL, DINESH
NAME		
STREET ADDRESS		C/O 500 W. CUMMINGS PARK, #4900
CITY-ST-ZIP		WOBURN, MA 01801
TITLE	D	JOSHI, JAY
NAME		
STREET ADDRESS		C/O 500 W. CUMMINGS PARK, #4900
CITY-ST-ZIP		WOBURN, MA 01801
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE  
IN THIS SPACE**

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 other like empowered.

**SIGNATURE:** Salvatore J. Muccio, Salvatore J. Muccio, CPA, Litman, Gerson, LLP Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR