


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90004 009 ***150.00

DOCUMENT # L30652

1. Entity Name
GEMTCO, CORPORATION



Principal Place of Business
10530 NW 26TH STREET
SUITE F-104
MIAMI, FL 33172 US

Mailing Address
11811 SW 99TH LANE
MIAMI, FL 33186 US

50062313



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
10530 NW 26th Street
 Suite, Apt. #, etc.
Suite F-104
 City & State
Miami, Florida
 Zip
33172
 Country
USA

08022005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0198732

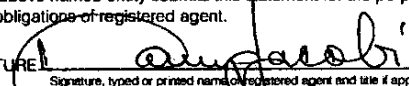
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

8. Name and Address of Current Registered Agent
DANYS, JACOBI
11811 SW 99TH LANE
MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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:  **DANYS JACOBI** **08/10/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	NAME	STREET ADDRESS	CITY-ST-ZIP	PT	Delete
	COHEN, MOISES	13 CALLE 4-17 ZONA 1	GUATEMALA, GUATEMALA,		<input type="checkbox"/>
	COHEN, ROBERTO	13 CALLE 4-17 ZONA 1	GUATEMALA, GUATEMALA,	S	<input type="checkbox"/>
	COHEN, EDUARDO	13 CALLE 4-17 ZONA 1	GUATEMALA, GUATEMALA,	V	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ROBERTO COHEN** **08/10/05** **(305) 592-2114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #