


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L30652
 1. Entity Name
GEMTCO, CORPORATION



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

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CRZE034 (11/05)
 4. FEI Number Applied For
65-0198732 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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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:  **4/28/06**
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
After May 1, 2006 Fee will be \$550.00

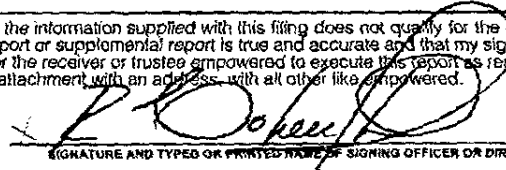
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

05/10/06-88123-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COHEN, MOISES 13 CALLE 4-17 ZONA 1 GUATEMALA, GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, ROBERTO 13 CALLE 4-17 ZONA 1 GUATEMALA, GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, EDUARDO 13 CALLE 4-17 ZONA 1 GUATEMALA, GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/28/06 305 592-2114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #