

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L30652**

1. Entity Name  
**GEMTCO, CORPORATION**



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

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



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0198732</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. 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 *Dany Jacobs* *Dany Jacobs General Manager* *3/16/07*  
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, 2007 Fee will be \$550.00**

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

**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,
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 04/20/07-80044-004 150.00

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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: *R. Cohen* *3/16/07* *305.592-2114*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #