


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90207 022 ***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
**10530 NW 26TH STREET
 SUITE F-104
 MIAMI, FL 33172 US**

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2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
11811 SW 99 LANE
 Suite, Apt. #, etc.

04172008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FLORIDA

4. FEI Number
65-0198732

Applied For
 Not Applicable

Zip
33186

Country
USA

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

6. 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: *Dany Jacoby* *Dany Jacoby* *4/25/08*
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *[Signature]* 04/25/08 305 592-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #