

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102878

FILED  
May 01, 2009  
Secretary of State

Entity Name: GAMGLADA INVESTMENTS, INC.

**Current Principal Place of Business:**

CALLE MARINA 9176  
PONCE, PR 007141582

**New Principal Place of Business:**

**Current Mailing Address:**

7245 SW 87 AVENUE  
300  
MIAMI, FL 33173 US

**New Mailing Address:**

FEI Number: 54-2076137      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZZEO, VANESSA C  
7245 SW 87 AV  
300  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERMUDEZ, GAMALIER  
Address: CALLE MARINA 9176  
City-St-Zip: PONCE, PR 00731

Title: V ( ) Delete  
Name: LOPEZ, SHARON  
Address: URB. MARIA ANTONIA D757  
City-St-Zip: GUANICA, PR 00656

Title: ST ( ) Delete  
Name: GIERBOLINI, ARGUMENTOS A  
Address: URB. EL EDEN B012  
City-St-Zip: COAMO, PR 00769

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAMALIER BERMUDEZ

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05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date