

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90172 031 ***550.00

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DOCUMENT # P02000102878

1. Entity Name
GAMGLADA INVESTMENTS, INC.



Principal Place of Business
**101 MADEIRA AVENUE
CORAL GABLES FL 33134
US**

Mailing Address
**101 MADEIRA AVENUE
CORAL GABLES FL 33134
US**

2. Principal Place of Business
Calle Marina 9176
Suite, Apt. #, etc.

3. Mailing Address
Box 7346
Suite, Apt. #, etc.

City & State
Ponce Puerto Rico

City & State
Ponce P.R.

Zip
00714-1582

Country

Zip
00732

Country

4. FEI Number
Applied For

Applied For
 Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

XIQUES, ALBERT J
101 MADEIRA AVENUE
CORAL GABLES FL 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	Eric Alharran
STREET ADDRESS	Urb. Maria Antonia D-757
CITY-ST-ZIP	Guayama P.R. 00652
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 checked="" type="checkbox"/> Addition
NAME	PD Gamalir Bermudez
STREET ADDRESS	Urb. Montchidres Calle 20-201 221
CITY-ST-ZIP	San Juan PR 00926
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Sharon Lopez
STREET ADDRESS	Urb. Maria Antonia D757
CITY-ST-ZIP	Guayama P.R. 00652
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. Arquimedes A. Girolini
STREET ADDRESS	Urb. El Eden B-12
CITY-ST-ZIP	Coamo P.R. 00769
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	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)