


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000026876**  
1. Entity Name  
**GELATINO CORP.**



Principal Place of Business      Mailing Address  
**163 N.E. 24TH STREET**      **163 N.E. 24TH STREET**  
**MIAMI, FL 33137**              **MIAMI, FL 33137**

**DO NOT WRITE IN THIS SPACE**



01172005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**45-0507235**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
**CORBO, ANTONIO**  
**163 NE 24 STREET**  
**MIAMI, FL 33137**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	DP SIDELNIK, GUSTAVO 163 N.E. 24TH STREET MIAMI, FL 33137
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04/25/05-80064-013 150.00

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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:** *Antonio Corbo*      **ANTONIO CORBO**      **04/20/05**      **786-621-244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #