


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000132730 1. Entity Name GEMCO X, INC.	
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Principal Place of Business 800 W CYPRESS CRK RD STE 465 FORT LAUDERDALE, FL 33309	Mailing Address 800 W CYPRESS CRK RD STE 465 FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1656571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEHEL, LARRY
800 W CYPRESS CREEK ROAD
SUITE 470
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

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	D REEDER, DARRYL 2802 CENTER AVENUE FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEHEL, LARRY 800 W CYPRESS CREEK ROAD, #470 FORT LAUDERDALE, FL 33309
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05/24/07-80002-008 150.00

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IN THIS SPACE**

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: Larry Legel **LARRY LEHEL** 5.1.7 **5.1.7** 954 493 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #