## 2006 FOR PROFIT CORPORATION

## May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000132730 05-03-2006 90259 018 \*\*\*150.00 GEMCO X, INC. Mailing Address **66669099** Principal Place of Business 800 W. CYPRESS CREEK ROAD 800 W. CYPRESS CREEK ROAD SUITE 470 SUITE 470 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 800 W. CYPRESS CREEK ROAD 800 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. Suite, Apt. #, etc 04282006 Cha-P CR2E034 (11/05) SUITE 465 SUITE 465 Applied For 4. FEI Number City & State City & State 84-1656571 Not Applicable FT. LAUDERDALE, FL FT. LAUDERDALE, FL \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33309 33309 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK ROAD **SUITE 470** FT. LAUDERDALE, FL 33309 Zip Code City FL 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 reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition Change TITLE ☐ Delete TITLE REEDER, DARRYL NAME NAME 2802 CENTER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP DPST Change ■ Addition TIT) F TITLE Delete LEGEL, LARRY NAME NAME 800 W CYPRESS CREEK ROAD, #470 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OnitibhA [7] ☐ Defete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 ALLY ARY LEGIOL

SPEL

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

4.306

Daytime Phone #

**FILED**