

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000051024

**FILED**  
**Mar 27, 2013**  
**Secretary of State**  
**CC2486521987**

**Entity Name:** GAMMA CHEMICAL CORPORATION

**Current Principal Place of Business:**

1931 NW 150TH AVENUE STE 129  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

7891 W FLAGLER  
135  
MIAMI, FL 33144 US

**FEI Number:** 20-0754927

**Certificate of Status Desired:** Yes

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

CASTILLO CAMPOS, MANUEL A  
3926 SW 157TH AVE  
MIRAMAR, FL 33027 US

*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

**Officer/Director Detail :**

Title P  
Name CASTILLO CAMPOS, MANUEL A  
Address 3926 SW 157TH AVE  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name MONJE, CARLOS E  
Address CENTRO PROFESSIONAL  
LOS SAMANES 1 D  
City-State-Zip: CARACAS MIRANDA 1080

Title TREASURER  
Name DE ROSA, ANTONIO  
Address CENTRO PROFESSIONAL  
LOS SAMANES 1 D  
City-State-Zip: CARACAS MIRANDA 1080

Title D  
Name ARANGUREN, DOUGLAS  
Address CENTRO PROFESSIONAL  
LOS SAMANES 1 D  
City-State-Zip: CARACAS MIRANDA 1080

*I hereby 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 all other like empowered.*

**SIGNATURE:** MANUEL A CASTILLO CAMPOS

**PRESIDENT**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date