

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/1

FILED
Aug 13, 2008 8:00 am
Secretary of State

07-17-2008 90061 047 ***150.00

DOCUMENT # F37190 1. Entity Name GAVAZ CORP.	
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Principal Place of Business
**6821 WINGED FOOT DR.
MIAMI, FL 33015**

Mailing Address
**6821 WINGED FOOT DR.
MIAMI, FL 33015**

66015905



DO NOT WRITE IN THIS SPACE

07142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2133159	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, RAMON
6821 WINGED FOOT DR.
MIAMI, FL 33015**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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 GALLARDO, MANUEL 6821 WINGED FOOT DR. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAZQUEZ, RAMON 6821 WINGED FOOT DR. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAMON VAZQUEZ, PRES. 8/8/08 305-816-8848