


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F92617	
1. Entity Name GAMEYCO-TRADE COMPANY	
	
Principal Place of Business	Mailing Address
4900 N OCEAN BLVD APT 1111 FT LAUDERDALE, FL 33308 US	C/O FERNANDO VARGAS 4900 NORTH OCEAN BLVD. #703 FT LAUDERDALE, FL 33308 US



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2215054	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

VARGAS, FERNANDO
4900 NORTH OCEAN BLVD.
APT 703
FORT LAUDERDALE, FL 33308

**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 reinstalling)

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	S
NAME	GAVIRIA, JARIO
STREET ADDRESS	4900 NO OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	DE GAVIRIA, ALICIA
STREET ADDRESS	4900 NO OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	PD
NAME	GAVIRIA, LUIS F.
STREET ADDRESS	4900 NO OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	TD
NAME	DE HELO, SILVIA
STREET ADDRESS	4900 NO OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80074-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #