


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F92617		
1. Entity Name GAMEYCO-TRADE COMPANY		

Principal Place of Business 4900 N OCEAN BLVD APT 1111 FT LAUDERDALE, FL 33308 US	Mailing Address C/O FERNANDO VARGAS 4900 NORTH OCEAN BLVD. #703 FT LAUDERDALE, FL 33308 US
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAVIRIA, JARIO 4900 NO OCEAN BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DE GAVIRIA, ALICIA 4900 NO OCEAN BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAVIRIA, LUIS F. 4900 NO OCEAN BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DE HELO, SILVIA 4900 NO OCEAN BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

300076390623
06/20/06--01051--009 **150.00

JC 6/13

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: <u>Alicia de Gaviria VD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>6/06 954 9426 907</u> <small>Date Daytime Phone #</small>

FILED

06 JUN -9 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2215054	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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