FILED 8:00 am **State**

***150.00

2007 FOR PROFI	May 07, 200' Secretary o				
DOCUMENT # F92617 1. Entity Name GAMEYCO-TRADEN COMPANY					a1 y 01 ⁷ 90060 050 *
Principal Place of Business	Mailing Address		40		
4900 N OCEAN BLVD	C/O FERNANDO VARGAS		· -		
APT 1111 FT LAUDERDALE, FL 33308 US	4900 NORTH OCEAN BLVD. # FT LAUDERDALE, FL 33308	703 US			
TT ENDDERDALE, TE 33300 US	FI LAUDERDALE, FE 33300	US		INIA KEIS OMBI KAN K	NE CINE EINE NING AND
2. Principal Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04232007	Chg-P	CR2E034 (

GAMEYC	O-TRADEN COMPANY									
Principal Place of Business 4900 N OCEAN BLVD APT 1111 FT LAUDERDALE, FL 33308 US APT LAUDERDALE, FL 33308 US Mailing Address C/O FERNANDO VARGAS 4900 NORTH OCEAN BLVD. #703 FT LAUDERDALE, FL 33308 US							I 1812 HRIZ BYEL HOLD		 	K FO I IN 1 00 1
Principal Place of Business - No P.O. Box # Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					04232007	Chg-P	CR2E0:	34 (12/06)		
City & State	State City & State			4	4. FEI Numb			- } - ⊢ -	plied For	
Zip	Country	Zip	Coun	ntry			of Status Desire		\$8.75 Add	
	6. Name and Address of Curren	it Registered Agent		ļ	7	7. Name and	Address of New			
				Name						
VARGAS, FERNANDO 4900 NORTH OCEAN BLVD. APT 703			Street Address (P.O. Box Number is Not Acceptable)							
FORT LAU	JDERDALE, FL 33308									
				City				FL	Zip Code	-
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	s register	ed office or i	registered	l agent, or bo	th, in the State of	f Florida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and little if applicable. (NO	TE: Registere	ed Agent signatur	re required wh	nen reinstating)		DATE		<u> </u>
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550		-			0 May Be to Fees				
10.	OFFICERS ANI		11,	, T	.0	*DDITIONS	CHANGES TO	OFFICERS AND		
TITLE NAME	S GAVIRIA, JARIO	Delete	TITE NAM		G.				Change	Addition
STREET ADDRESS	4900 NO OCEAN BLVD.			EET ADDRESS						
CiTY-ST-ZIP	FT LAUDERDALE, FL		CITY	-ST-ZIP						
TITLE	VD	☐ Delete	TITU						☐ Change	☐ Addition
NAME STREET ADDRESS	DE GAVIRIA, ALICIA 4900 NO OCEAN BLVD.		NAM	AE EET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE, FL			-ST-ZIP						
TITLE	PD	Delete	TITL	E					Change	Addition
NAME	GAVIRIA, LUIS F.		NAM							
STREET ADDRESS CITY-ST-ZIP	4900 NO OCEAN BLVD. FT LAUDERDALE, FL		- E '	EET ADDRESS (-ST-ZIP						
TITLE	TD	☐ Delete	TITL						☐ Change	☐ Addition
NAME	DE HELO, SILVIA	L.J Delete	NAM						□ Ottange	LI Addition
STREET ADDRESS	4900 NO OCEAN BLVD.		STR	EET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY	(-ST-ZIP						
TITLE NAME		Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS						
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NAME			NAM	· I						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
12. I hereby o	I certify that the information supplied w	ith this filing does not qualify t	for the ex	emptions co	ontained in	n Chapter 11	9, Florida Statute	es. I further cert	ify that the i	nformation
indicated of the cor	on this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that powered to execute this repor	my signa	ature shall ha ired by Char	ave the sar pter 607, F	me legal effe Florida Statut	ct as if made und es; and that my r	der oath; that I a	m an officer Block 10 o	or director r Block 11 if
changed	, or on an attachment with an address	s, with all other like empowered	d.			24)	-0/-	(~	v 5	_