


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90030 013 ***150.00

DOCUMENT # G11839			
1. Entity Name GAMPEL OPERATING COMPANY			
Principal Place of Business 19495 BISCAYNE BLVD., SUITE 906 AVENTURA FL 33180		Mailing Address 19495 BISCAYNE BLVD., SUITE 906 AVENTURA FL 33180	
2. Principal Place of Business <i>18901 No. Cast 29th Ave.</i>		3. Mailing Address <i>18901 No. Cast 29th Avenue</i>	
Suite, Apt. #, etc. <i>Suite 102</i>		Suite, Apt. #, etc. <i>Suite 102</i>	
City & State <i>Aventura, Fla.</i>		City & State <i>Aventura, Florida</i>	
Zip <i>33180</i>	Country <i>Miami-Dade</i>	Zip <i>33180</i>	Country <i>Miami-Dade</i>
6. Name and Address of Current Registered Agent CURTIS, SELMA 19495 BISCAYNE BLVD., SUITE 906 AVENTURA FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAMPEL, HARRY A 19495 BISCAYNE BLVD., SUITE 906 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURTIS, SELMA 19495 BISCAYNE BLVD., SUITE 906 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number **59-2243156** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

Selma M. Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-04 *305-937-0010*