

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 JUN 23 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10128

1. Entity Name
GULF CORPORATION



Principal Place of Business
3400 CORAL WAY
MIAMI, FL 33145 US

Mailing Address
3400 CORAL WAY
5TH FLOOR
MIAMI, FL 33145 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06132005

Chg-P

CR2E034 (10/03)

Handwritten mark

City & State

City & State

4. FEI Number

59-2413444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES, FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/S ☐ Delete
NAME KAUFMAN, JAMES M
STREET ADDRESS 19151 FOX LANDING DRIVE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D ☒ Change ☐ Addition
NAME KAUFMAN, JAMES M.
STREET ADDRESS P.O. BOX 205
CITY-ST-ZIP BANNER LK, NC 28604

TITLE D/V ☐ Delete
NAME COOMER, JUANITA H
STREET ADDRESS 8000 N. KENDALL DR.
CITY-ST-ZIP MIAMI, FL 33156

TITLE D/S ☐ Change ☒ Addition
NAME SAITCEVSKY, CARLOS
STREET ADDRESS 3045 ALLAMANDA ST.
CITY-ST-ZIP MIAMI, FL 33133

TITLE D/P ☐ Delete
NAME BONILLA-MATHE, SALVADOR
STREET ADDRESS 1925 BRICKELL AVE., SUITE D-202
CITY-ST-ZIP MIAMI, FL 33129

TITLE D ☐ Change ☒ Addition
NAME MARTIN, GREGORY
STREET ADDRESS 5811 NORTH BAYSHORE DR.
CITY-ST-ZIP MIAMI, FL 33101

TITLE ☐ Delete:
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
300056620663
06/28/05--01051--003 **\$61.25

TITLE ☐ Delete:
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete:
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Handwritten signature of Carlos Saitcevsy

CARLOS SAITCEVSKY June 17, 2005 (305) 443-1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #