2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10128

Address:

City-St-Zip: MIAMI, FL 33101

5811 NORTH BAYSIDE DR.

Entity Name: GULF CORPORATION

FILED Apr 26, 2006 Secretary of State

	332, 331	(CIV (I CIV					
Current Pi	rincipal Place o	of Business:	New Prince	New Principal Place of Business:			
3400 COR/ MIAMI, FL			3400 COR SUITE 300 MIAMI, FL)			
Current M	ailing Address	:	New Maili	New Mailing Address:			
3400 COR/ 5TH FLOO MIAMI, FL	R		3400 COR SUITE 300 MIAMI, FL)			
FEI Number:	59-2413444	FEI Number Applied For ()	FEI Number Not App	licable()	Certificate of Status Desired	()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of N	lew Registered Agent:		
2 ALHAMB CORAL GA	RA PLAZA, SU ABLES, FL 331	D AGENTS, INC. ITE 1202 45 US Jbmits this statement for the pu	urnose of changing	its registered o	office or registered agent of	r both	
in the State		abilities this statement for the pe	inpose of changing i	ita registerea e	mice of registered agent, of	r bour,	
SIGNATUR							
	Electronic	Signature of Registered Ager	nt		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (X) I KAUFMAN, JAME P.O. BOX 205 BANNER LLK, NO		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	D/VP ()[COOMER, JUAN 8000 N. KENDAL MIAMI, FL 33150	L DR.	Title: Name: Address: City-St-Zip:	D/VP (X COOMER, JUA 10437 BARRIN LEESBURG, FI	GTON COURT		
Title: Name: Address: City-St-Zip:	BONILLA-MATHE	AVE., SUITE D-202	Title: Name: Address: City-St-Zip:	BONILLA-MATH) Change ()Addition HE, SALVA, DOR L AVE., SUITE D-202 29 US		
Title: Name: Address: City-St-Zip:	D/S ()[SAITCEVSKY, C/ 3045 ALLAMAND MIAMI, FL 33133	A ST.	Title: Name: Address: City-St-Zip:	D/S (X SAITCEVSKY, 5821 S W 86 S MIAMI, FL 331	TREET		
Title: Name:	D ()[MARTIN, GREGO	Delete DRY	Title: Name:	D (X MARTIN, GREG) Change ()Addition GORY		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

5811 NORTH BAYSIDE DR.

City-St-Zip: MIAMI, FL 33101 US

SIGNATURE: SALVADOR BONILLA-MATHE D/P 04/26/2006