

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10128

Entity Name: GULF CORPORATION

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

3400 CORAL WAY
SUITE 300
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3400 CORAL WAY
SUITE 300
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 59-2413444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE
SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: COOMER, JUANITA H
Address: 10437 BARRINGTON COURT
City-St-Zip: LEESBURG, FL 34788 US

Title: D/P () Delete
Name: BONILLA-MATHE, SALVA, DOR
Address: 1925 BRICKELL AVE., SUITE D-202
City-St-Zip: MIAMI, FL 33129 US

Title: D/S () Delete
Name: SAITCEVSKY, CARLOS
Address: 5821 S W 86 STREET
City-St-Zip: MIAMI, FL 33143 US

Title: D () Delete
Name: MARTIN, GREGORY
Address: 5811 NORTH BAYSIDE DR.
City-St-Zip: MIAMI, FL 33101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SALVADOR BONILLA-MATHE

D/P

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date