
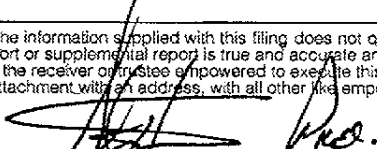


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # K64650 1. Entity Name GULF CAPITAL CORPORATION			
Principal Place of Business 13499 BISCAYNE BLVD 18TH FLOOR TS-6 NORTH MIAMI, FL 33181		Mailing Address 13499 BISCAYNE BLVD 18TH FLOOR TS-6 NORTH MIAMI, FL 33181	
DO NOT WRITE IN THIS SPACE			
			
		07102007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0170537		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, STEPHEN C. 13499 BISCAYNE BLVD #906 NORTH MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE	
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</small>		U000000752635 07/13/07-80006-001 150.00 <small>(NOTE: Registered Agent signature required when reinstalling) DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P HOPKINS, STEPHEN C 13499 BISCAYNE BLVD #906 NORTH MIAMI, FL 33181	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			