



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90042 015 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 13499 Biscayne Blvd Suite, Apt. #, etc. 18th Floor TS-1 City & State North Miami FL Zip 33181 Country USA		3. Mailing Address 13499 Biscayne Blvd Suite, Apt. #, etc. 18th Floor TS-1 City & State North Miami FL Zip 33181 Country USA			
4. FEI Number 65-0170537				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P HOPKINS, STEPHEN C 13499 BISCAYNE BLVD #906 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hopkins, Stephen C 1000 Quayside Terrace #601 Miami Shores, FL 33138	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Jan 23, 2008 Daytime Phone #: 786-525-6575		