

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90035 038 \*\*\*\*50.00

<b>DOCUMENT # L03000008835</b> 1. Entity Name <b>GAMA ENTERPRISES, LLC</b>					
Principal Place of Business <b>9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156</b>			Mailing Address <b>9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156</b>		
2. Principal Place of Business - No P.O. Box # <b>5894 SUNSET DR.</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>S. MIAMI, FL.</b>		City & State 		4. FEI Number <b>33-1051750</b>	
Zip <b>33143</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SAMOLE, MYRON M 9700 SOUTH DIXIE HIGHWAY, SUITE 1030 MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name <b>SANCHEZ, AGUSTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5894 SUNSET DR.</b> City <b>S. MIAMI</b> <b>FL</b> Zip Code <b>33143</b>		
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 renewing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SANCHEZ, AGUSTIN</b> <input type="checkbox"/> Delete <b>9700 SOUTH DIXIE HIGHWAY, SUITE 1030-</b> <b>MIAMI, FL 33156</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SANCHEZ, AGUSTIN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5894 SUNSET DR.</b> <b>S. MIAMI, FL. 33143</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>FARINELLI, MAURIZIO</b> <input type="checkbox"/> Delete <b>9700 SOUTH DIXIE HIGHWAY, SUITE 1030</b> <b>MIAMI, FL 33156</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FARINELLI, MAURIZIO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5894. SUNSET DR.</b> <b>S. MIAMI, FL. 33143</b>	
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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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	
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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/3/07</b> <b>(303)</b> Daytime Phone # <b>6669392</b>		