

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000028969

1. Entity Name
GAMYR INVESTMENTS, LLC



Principal Place of Business
16075 SW 89 AV. RD.
MIAMI, FL 33157

Mailing Address
16075 SW 89 AV. RD.
MIAMI, FL 33157



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2649684

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRIETO, GABRIEL
16075 SW 89 AV. RD.
MIAMI, FL 33157

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000901189
04/29/08-80057-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PRIETO, GABRIEL
STREET ADDRESS 16075 SW 89 AV. RD.
CITY-ST-ZIP MIAMI, FL 33157

TITLE MGR
NAME PRIETO, MYRNA
STREET ADDRESS 16075 SW 89 AV. RD.
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/08

Date

786-514-1116

Daytime Phone #