

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90260 030 ***150.00

DOCUMENT # L30652

1. Entity Name

GEMTCO, CORPORATION



Principal Place of Business

10530 NW 26TH STREET
SUITE F-104
MIAMI FL 33172
US

Mailing Address

11811 SW 99TH LANE
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0198732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANYS, JACOBI
11811 SW 99TH LANE
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	COHEN, MOISES	
STREET ADDRESS	13 CALLE 4-17 ZONA 1	
CITY-ST-ZIP	GUATEMALA, GUATEMALA	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, ROBERTO	
STREET ADDRESS	13 CALLE 4-17 ZONA 1	
CITY-ST-ZIP	GUATEMALA, GUATEMALA	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, EDUARDO	
STREET ADDRESS	13 CALLE 4-17 ZONA 1	
CITY-ST-ZIP	GUATEMALA, GUATEMALA	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Moises Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

305-592-2114
Daytime Phone #