

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L30652

1. Entity Name
GEMTCO, CORPORATION



Principal Place of Business
10530 NW 26TH STREET
SUITE F-104
MIAMI, FL 33172 US

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

DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

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

DANYS, JACOBI
11811 SW 99TH LANE
MIAMI, FL 33186

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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

Danys Jacobi General Manager 3/16/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME COHEN, MOISES
STREET ADDRESS 13 CALLE 4-17 ZONA 1
CITY-ST-ZIP GUATEMALA, GUATEMALA,

TITLE S
NAME COHEN, ROBERTO
STREET ADDRESS 13 CALLE 4-17 ZONA 1
CITY-ST-ZIP GUATEMALA, GUATEMALA,

TITLE V
NAME COHEN, EDUARDO
STREET ADDRESS 13 CALLE 4-17 ZONA 1
CITY-ST-ZIP GUATEMALA, GUATEMALA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000701058
04/20/07-80044-004 150.00

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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

Daytime Phone #

[Signature] 3/16/07 305.592-2114