

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90018 032 ***150.00

DOCUMENT # L35103

1. Entity Name

GAMMA MEDICAL EQUIPMENT, INC.



Principal Place of Business

%GAMAL SHANBAKY
4328 S.W. 73RD AVE.
MIAMI FL 33155

Mailing Address

%GAMAL SHANBAKY
4328 S.W. 73RD AVE.
MIAMI FL 33155



2. Principal Place of Business

7108 S.W. 47 Street

Suite, Apt. #, etc.

3. Mailing Address

7108 S.W. 47 Street

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0160882

Applied For

Not Applicable

Zip

33155

Country

Dade

Zip

33155

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHANBAKY, GAMAL
4328 S.W. 73RD AVE.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Gamal M. Shanbaky

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

7108 S.W. 47 Street

City

Miami

FL

Zip Code

33155

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

Gamal M. Shanbaky

1/30/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE PD ☐ Delete
NAME SHANBAKY, GAMA L.
STREET ADDRESS 8425 SW. 116 STREET
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME JAVELLANA, CESAR
STREET ADDRESS 13561 SW 62ND ST. #5
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gamal M. Shanbaky 1/30/06 305-284-8144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #