2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2007 8:00 am DOCUMENT # P00000113869 **Secretary of State** 02-13-2007 90009 010 ***150.00 GAHER INVESTMENTS, INC. Principal Place of Business Mailing Address 17150 ARVIDA PARK WAY 17150 ARVIDA PARK WAY SUITE 2 SUITE 2 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17150 ROVAL Palm Bluch 17150 ROYAL Palm Blud Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (12/06) 02012007 Chg-P Suite 2 Suite 2 City & State City & State 4. FEI Number Applied For weston-fl weston- FI 65-1075086 Not Applicable ^{Zip} 33326 Country Country \$8.75 Additional 5. Certificate of Status Desired 33326 USA USA Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARROM, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 10556 NW 26 TH ST **SUITE 203** MIAMI, FL 33172 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. Signature, typec or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE **PVD** TITLE PUD ☐ Addition □ Delete 601201, Crisanto GARZON, CRISANTO NAME NAME 2700 Pinehurst DR 1660 BUNTING LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP weston, FI 33332 STD ☐ Delete STD TITLE TITLE Change ☐ Addition Hernandez, Martha HERNANDEZ, MARTHA NAME STREET ADDRESS 1660 BUNTING LANE STREET ADDRESS 2700 Anchurst DR Weston, FI 33337 CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 fustee 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

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