


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90183 040 ***150.00

DOCUMENT # P01000089994

1. Entity Name
GAMA HOLDINGS INC



Principal Place of Business
**2100 PONCE DE LEON BLVD., SUITE 600
 CORAL GABLES, FL 33134**

Mailing Address
**2100 PONCE DE LEON BLVD., SUITE 600
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

50048261
(P 0 1 0 0 0 0 8 9 9 9 4 P)
 03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1136698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GURIAN, JORGE
 2100 PONCE DE LEON BLVD., SUITE 600
 CORAL GABLES, FL 33134**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA RUIZ, GUILLERMO A 2100 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-30-05** **305 379-0612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #