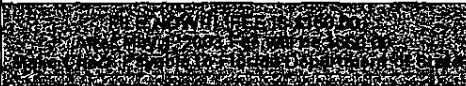


FILED  
Jul 21, 2003 8:00 am  
Secretary of State

05-06-2003 90052 001 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                    |                                                                                                                 |                                                                                                      |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>DOCUMENT # P02000013729</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                    |                                                                                                                 |                     |                               |
| 1. Entity Name<br><b>GAMMA INVESTMENTS I, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                    |                                                                                                                 |                                                                                                      |                               |
| Principal Place of Business<br>2301 COLLINS AVENUE, SUITE A428<br>MIAMI BEACH, FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                    | Mailing Address<br>2301 COLLINS AVENUE, SUITE A428<br>MIAMI BEACH, FL 33139                                     |                                                                                                      |                               |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | 3. Mailing Address<br><b>C/O DCS, INC.</b>         |                                                                                                                 |                                                                                                      |                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | Suite, Apt. #, etc.<br><b>9001-A NW 7TH AVENUE</b> |                                                                                                                 |                                                                                                      |                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | City & State<br><b>MIAMI, FLORIDA</b>              |                                                                                                                 |                                                                                                      |                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                           | Zip                                                | Country                                                                                                         | 4. FEI Number<br><b>90-0005675</b>                                                                   | Applied For<br>Not Applicable |
| 33150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | 33150                                              |                                                                                                                 | 5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |
| 6. Name and Address of Current Registered Agent<br><b>GRISALES &amp; ALFANO, LLC</b><br><b>999 BRICKELL AVENUE, SUITE 700</b><br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                    | 7. Name and Address of New Registered Agent                                                                     |                                                                                                      |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                    | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when missing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                    |                                                                                                                 |                                                                                                      |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                      |                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                                      |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PSD<br>AGUDO, GUSTAVO<br>2301 COLLINS AVENUE, SUITE A428<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete |                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |                               |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u></u> <b>GUSTAVO AGUDO</b> <u>04-29-03 305-216-9160</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                    |                                                                                                                 |                                                                                                      |                               |

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☒ CHECK HERE IF MAKING CHANGES

CP2034 (10/02)