


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-11-2006 90118 010 ***150.00

DOCUMENT # P03000021405	
1. Entity Name GAMCOR, INC	

Principal Place of Business 1195 NORTH EAST 125 ST NORTH MIAMI, FL 33161 US	Mailing Address 1195 NORTH EAST 125 ST NORTH MIAMI, FL 33161 US
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0725336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GAMBOA, ROLANDO A JR.
13150 BISCAYNE BAY TERR
NORTH MIAMI, FL 33181**

**DO NOT WRITE
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBOA, ROLANDO A JR. 13150 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAMBOA, AILON 13150 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GAMBOA, EVA 13150 BISCAYNE BAY TERRACE NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 507, 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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: _____ Daytime Phone: _____