

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024307

FILED
Jul 02, 2006
Secretary of State

Entity Name: GENTECH TRADING AND SERVICES, INC.

Current Principal Place of Business:

9404 N 16TH STREET
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9404 N 16TH STREET
TAMPA, FL 33612

New Mailing Address:

FEI Number: 65-1178875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAVELLANA, HUMBERTO
9404 N 16TH STREET
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALMEDA, BERT A
Address: 15013 MYSTIC WAY
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: FRIAS, FELIX
Address: 8000 NW 47TH ST
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: JAVELLANA, HUMBERTO
Address: 9404 N. 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: RUELO, ROBERTO R
Address: 16409 ASHWOOD DR
City-St-Zip: TAMPA, FL 336241152

Title: D () Delete
Name: YOUNG, ROLAND
Address: 15002 ARBOR RESERVE CIRCLE #102
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: UY, EFREN
Address: 263 PHARMACY AVE, #610
City-St-Zip: SCARBOROUGH, ONTARIO, CANADA, M1L 3E8 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO R RUELO

D

07/02/2006

Electronic Signature of Signing Officer or Director

_____ Date