

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045749

FILED  
Sep 26, 2008  
Secretary of State

Entity Name: GAMM, INC.

## Current Principal Place of Business:

9000 SHERIDAN STREET, #158  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

9000 SHERIDAN STREET, #138  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

9000 SHERIDAN STREET, #158  
PEMBROKE PINES, FL 33024

## New Mailing Address:

9000 SHERIDAN STREET, #138  
PEMBROKE PINES, FL 33024

FEI Number: 41-2092301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIOS, DEBORAH  
9000 SHERIDAN STREET, #158  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

RIOS, DEBORAH  
9000 SHERIDAN STREET, #138  
PEMBROKE PINES, FL 33024 US

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: DEBORAH RIOS

09/26/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORDONEZ, DEYANIRA  
Address: 3760 INVERRARY DRIVE, UNIT N2J  
City-St-Zip: LAUDERHILL, FL 33319

Title: S ( ) Delete  
Name: GODOY, GUSTAVO  
Address: 3760 INVERRARY DRIVE, UNIT N2J  
City-St-Zip: LAUDERHILL, FL 33319

Title: T ( ) Delete  
Name: GODOY, MONICA  
Address: 3760 INVERRARY DRIVE, UNIT N2J  
City-St-Zip: LAUDERHILL, FL 33319

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: DEYANIRA ORDONEZ

P

09/26/2008

Electronic Signature of Signing Officer or Director

Date