2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/7/2

FILED Jun 07, 2004 8:00 am Secretary of State

DOCUMENT # P03000050 1. Entity Name GEMCO VII, INC.				5 002 ***150.00	
Principal Place of Business	Mailing Address		7		
5100 N. FEDERAL HIGHWAY 5100 N. FEDERAL HIGH SUITE 409 SUITE 409 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33			66426883	-	
Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			I THE BELLEVIEW OF COURT	
City & State - City & State			04302004 Chg-P CR2E03	4 (10/03) Applied For	
1	<u> </u>	Long	4 13-4249942	Not Applicable	
Zip Country	Zip	Country		8.75 Additional see Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Ac	jent	
LEGEL, LARRY 5100 N. FEDERAL HIGHWAY		LEGEL,	LARRY ss (P.O. Box Number is Not Acceptable)		
SUITE 409 † FT. LAUDERDALE, FL 33308			800 W. CYPRESS CREEK RD.		
		- SUITE			
		City FORT L	AUDERDALE FL	Zip Code 33309	
8. The above named entity submits this statement for the obligations of registered agent StGNATURE Spreare, hood or plinted pame of registered agent.	CARRY C	COCC OTE: Registered Agent signature req	4/30/4	miliar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.		ntribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11 ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-72P GRÜGSBY, BRUCE 3419 S.E. 8TH ST. #7 POMPANO BEACH, FL 33062	· -	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Colete	LI HALLE I A	lry user	Change Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZEP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
ITTLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition	
TITLE NAME STHEET ADDRESS CITY-ST-20P	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Change □ Addition :	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp changed, or on an attachment with an address.	s true and accurate and that pwejed to execute this repo	t my signature shall have t at as required by Chapter	Section 119.07(3)(i). Florida Statutes. I further certifies same legal effect as if made under oath; that I am 607, Florida Statutes; and that my name appears in I	an officer or director	