

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000104077

1. Entity Name
GAMA SUPPLIES, INC.



Principal Place of Business
9050 PINES BLVD. SUITE 415
PEMBROKE PINES, FL 33024 US

Mailing Address
9050 PINES BLVD. SUITE 415
PEMBROKE PINES, FL 33024 US



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1082187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GBS CONSULTANTS, INC.
18501 PINES BLVD STE 201
PEMBROKE PINES, FL 33029

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATAMOROS, LUIS A
STREET ADDRESS	18501 PINES BLVD STE 201
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	VP
NAME	MATAMOROS, ROMULO L
STREET ADDRESS	1820 NORTH CORPORATE LAKES BLVD SUITE 105
CITY-ST-ZIP	WESTON, FL 33326
TITLE	S
NAME	MATAMOROS, LUIS A
STREET ADDRESS	18501 PINES BLVD STE 201
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000945970
05/30/08-80029-021 150.00

**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 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: *Luis A. Matamoros*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/08 (754) 4232391
Date Daytime Phone #