


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000110948</b> 1. Entity Name G.A.M. ENTERPRISES, INC.	
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Principal Place of Business 3040 SW 116TH AVE DAVIE, FL 33330	Mailing Address 3040 SW 116TH AVE DAVIE, FL 33330
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**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0485632	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

GARRO, ANTHONY  
3040 SW 116TH AVE  
DAVIE, FL 33330

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARRO, ANTHONY 3040 SW 116TH AVE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARRO, JOYCE 3040 SW 116TH AVE DAVIE, FL 33330
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04/06/05-80031-012 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Anthony M. Garro - PRES 04/05/05 (954) 476-2970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #