

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90035 005 ***150.00

DOCUMENT # P04000081709					
1. Entity Name GAMBIN FAMILY INVESTMENTS CORP.					
Principal Place of Business 1925 BRICKELL AVE STE D206 MIAMI, FL 33129			Mailing Address 1925 BRICKELL AVE STE D206 MIAMI, FL 33129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0868734	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 1925 BRICKELL AVE STE D206 MIAMI, FL 33129			7. Name and Address of New Registered Agent Name FRANCISCO GAMBIN Street Address (P.O. Box Number is Not Acceptable) 5410 SW 87 AVE City MIAMI FL Zip Code 33165		
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] (NOTE: Registered Agent signature required when reinstating) DATE 03/26/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBIN, FRANCISCO A 3469 SW 113 PLACE MIAMI, FL 33165	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RES. 5410 SW 87 AVE MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORIZONDO, ANA LIGIA 3469 SW 113 PLACE MIAMI, FL 33165	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. 5410 SW 87 AVE MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE VIVERO, ESTHER GANCEDO 3469 SW 113 PLACE MIAMI, FL 33165	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. 5410 SW 87 AVE MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 power like empowered.					
SIGNATURE: [Signature]			Date 03/26/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		