

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-07-2005 90081 019 ***150.00

DOCUMENT # P04000110810 1. Entity Name GAMA SHIPPING SERVICES, INC.																													
Principal Place of Business 512 NORTHEAST 167TH ST NORTH MIAMI BEACH, FL 33162			Mailing Address 512 NORTHEAST 167TH ST NORTH MIAMI BEACH, FL 33162																										
2. Principal Place of Business 4611 S. University Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4611 S. University Dr. <small>Suite, Apt. #, etc.</small>																											
City & State DAVIE FL		City & State DAVIE FL		4. FEI Number 20-1419762																									
Zip 33328		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____																									
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: <u><i>Patrick Eloi</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____																													
FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELOI, PATRICK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>512 NORTHEAST 167TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI BEACH, FL 33162</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	ELOI, PATRICK		STREET ADDRESS	512 NORTHEAST 167TH ST		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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)(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 other like empowered.																													
SIGNATURE: <u><i>Patrick Eloi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/21/05</u> Daytime Phone #: <u>954-680-9904</u>																										

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