

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 038 ***550.00

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05162005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000168178 1. Entity Name GAMCA CORP.					
Principal Place of Business 4307 N. REFLECTIONS BLVD. #102 SUNRISE, FL 33351			Mailing Address 4307 N. REFLECTIONS BLVD. #102 SUNRISE, FL 33351		
2. Principal Place of Business 5101 Collins Ave. Suite, Apt. #, etc # 7H City & State Miami Beach, FL Zip 33140		3. Mailing Address 5101 Collins Ave. Suite, Apt. #, etc # 7H City & State Miami Beach, FL Zip 33140		4. FEI Number 03-0565482	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEXANDER, BRUCE ESQ. 9200 SOUTH DADELAND BLVD., STE. 523 MIAMI, FL 33156				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CRUZ, KAREN G STREET ADDRESS 4307 N. REFLECTIONS BLVD. #102 CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE CRUZ, Karen G. NAME 5101 Collins Ave. # 7H STREET ADDRESS Miami Beach, FL 33140 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME CRUZ, HUMBERTO STREET ADDRESS 4307 N. REFLECTIONS BLVD. #102 CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE VTD NAME CRUZ, Humberto STREET ADDRESS 5101 Collins Ave. # 7H CITY-ST-ZIP Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.					
SIGNATURE:			8/18/05 305-710-5163 Date Daytime Phone #		