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May 15, 2007 8:00 am
Secretary of State
04-24-2007 90010 029 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000024523

1. Entity Name
GAITAN CAPITAL CORP

Principal Place of Business	Mailing Address
16075 NW 45 AVE MIAMI, FL 33054	16075 NW 45 AVE MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE

04012007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2364600
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAITAN, GLADYS
16075 NW 45 AVE
MIAMI, FL 33054

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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 _____ 4-13-07
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, 2007 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	GAITAN, GLADYS
STREET ADDRESS	16075 NW 45 AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	V
NAME	GAITAN, EVERT
STREET ADDRESS	16075 NW 45 AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	T
NAME	GAITAN, ADRIANA
STREET ADDRESS	16075 NW 45 AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	S
NAME	GAITAN, TERESA
STREET ADDRESS	16075 NW 45 AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	V
NAME	GAITAN, MARIA C
STREET ADDRESS	16075 NW 45 AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Gladys Gaitan 4-13-07 305-628-4365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #