

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000024523

1. Entity Name
GAITAN CAPITAL CORP



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

Mailing Address
**16075 NW 45 AVE
MIAMI, FL 33054**



04222008 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GAITAN, GLADYS
16075 NW 45 AVE
MIAMI, FL 33054**

**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 *Gladys Gaitan*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.22.08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | |

U000000921287
05/14/08-80073-028 150.00

U000000921287
05/14/08-80073-029 8.75

**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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.22.08 3056284365