## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2007 08:00 A Secretary of State DOCUMENT # P05000034262 1. Entity Name GOTHAM CAPITAL GROUP, INC. Principal Place of Business Mailing Address 11900 BISCAYNE BLVD SUITE 807 11900 BISCAYNE BLVD SUITE 807 N MIAMI, FL 33181 N MIAMI, FL 33181 CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4769413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GLASER, ALLAN M 11900 BISCAYNE BLVD SUITE 807 N MIAMI, FL 33181 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PDS TITLE CHUNG, PETER NAME 2070 S HIBISCUS DR STREET ADDRESS 000000750668 05/18/07-80072-007 450.00 CITY-ST-ZIP N MIAMI, FL 33181 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-21P

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**