


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90001 018 ***150.00

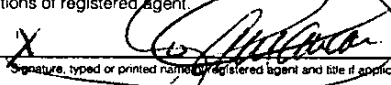
DOCUMENT # P05000055969	
1. Entity Name GAMAJIM CORPORATION	

Principal Place of Business 1325 CAREY GLEN CIRCLE ORLANDO, FL 32824	Mailing Address 1325 CAREY GLEN CIRCLE ORLANDO, FL 32824
--	--

2. Principal Place of Business 14544 CEDAR BRANCH WAY	3. Mailing Address 14544 CEDAR BRANCH WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32824	Country ORANGE
Zip 32824	Country USA

6. Name and Address of Current Registered Agent COLODNE, MARK R 8177 W GLADES RD SUITE 211 BOCA RATON, FL 33434	
7. Name and Address of New Registered Agent Name LUIS GAMARRA Street Address (P.O. Box Number is Not Acceptable) 14544 CEDAR BRANCH WAY City ORLANDO FL Zip Code 32824	

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: 	DATE: 3/14/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAMARRA, LUIS 1325 CAREY GLEN CIRCLE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14544 CEDAR BRANCH WAY ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GAMARRA, ANA 1325 CAREY GLEN CIRCLE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14544 CEDAR BRANCH WAY ORLANDO, FL 32824
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
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 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: 	DATE: 3/14/06 DAYTIME PHONE: 407-579-3653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	