


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 010 ***150.00

DOCUMENT # P05000155849

1. Entity Name
GYMEK ENTERPRISES INCORPORATED



Principal Place of Business Mailing Address
5924 GARFIELD STREET **5924 GARFIELD STREET**
HOLLYWOOD, FL 33021 **HOLLYWOOD, FL 33021**

00017117



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04192006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-4016491 Not Applicable

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

6. Name and Address of Current Registered Agent

MENARD, GARY
5924 GARFIELD STREET
HOLLYWOOD, FL 33021

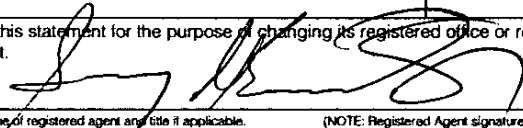
7. Name and Address of New Registered Agent

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  DATE **4-25-06**

Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MENARD, GARY	
STREET ADDRESS	5924 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELIZARE, DEREK	
STREET ADDRESS	1533 AGATE STREET	
CITY-ST-ZIP	BAYSHORE, NY 11706	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENARD, GARY	
STREET ADDRESS	5924 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MENARD, LORI	
STREET ADDRESS	5924 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	DAMAS, MARTINE M	
STREET ADDRESS	1684 MANATUCK BULEVARD	
CITY-ST-ZIP	BAYSHORE, NY 11706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **4-25-06**