

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 036 ***150.00

DOCUMENT # P06000055382

1. Entity Name

GESTOR CAPITAL, INCORPORATED



Principal Place of Business

2100 W BEACH DRIVE UNIT W-201
PANAMA CITY FL 32401

Mailing Address

2100 W BEACH DRIVE UNIT W-201
PANAMA CITY FL 32401



2. Principal Place of Business - No P.O. Box #

2100 W BEACH DRIVE I 201

3. Mailing Address

2100 W BEACH DRIVE I 201

Suite, Apt. #, etc.

PANAMA CITY FL
City & State

Suite, Apt. #, etc.

PANAMA CITY - FL
City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONDONO, JACK
2100 W BEACH DRIVE UNIT ~~W-201~~ I 201
PANAMA CITY FL 32401

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LONDONO, JOHN C ESQ
STREET ADDRESS 1850 N WHITLEY AVE #601
CITY-ST-ZIP HOLLYWOOD CA 90028

TITLE D ☐ Delete
NAME LONDONO, JOSEPH F
STREET ADDRESS 2100 W BEACH DRIVE UNIT W-201
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ Delete
NAME LONDONO, ALEXANDRA D
STREET ADDRESS 425 MARMORE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 352 262 7848
Date Daytime Phone #