


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 049 ***150.00

DOCUMENT # P06000084603 1. Entity Name GCELL TRADING, INC.			
Principal Place of Business 4381 NW 114 PATH MIAMI, FL 33178		Mailing Address 4381 NW 114 PATH MIAMI, FL 33178	
2. Principal Place of Business - No P.O. Box # 5288 NW 114 AVENUE Suite, Apt. #, etc. 107		3. Mailing Address 5288 NW 114 AVENUE Suite, Apt. #, etc. 107	
City & State MIAMI, FLORIDA Zip 33178		City & State MIAMI, FLORIDA Zip 33178	
Country DODE		Country DODE	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, JORGE H 4381 NW 114 PATH MIAMI, FL 33178		7. Name and Address of New Registered Agent Name JORGE H GARCIA Street Address (P.O. Box Number is Not Acceptable) 5288 NW 114 AVENUE, SUITE 107 City MIAMI FL Zip Code 33178	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P GARCIA, JORGE H 4381 NW 114 PATH MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAUL CITRARO 5288 NW 114 AVENUE, #107 MIAMI, FLORIDA, 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANEZ, ANABELLA 4381 NW 114 PATH MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 01/15/07 Daytime Phone # (786)-752-2627	

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