

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000003472

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** GAMA PROFESSIONAL SERVICES, CORP.

**Current Principal Place of Business:**

6558 CHERRY GROVE CIR  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

4956 EAGLESMERE DR APT 734  
ORLANDO, FL 32819 US

**Current Mailing Address:**

6558 CHERRY GROVE CIR  
ORLANDO, FL 32809 US

**New Mailing Address:**

4956 EAGLESMERE DR APT 734  
ORLANDO, FL 32819 US

**FEI Number:** 26-4042590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSON ACCOUNTING & CONSULTING SERV LLC  
8818 COMMODITY CIRCLE  
SUITE 40  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

LARSON ACCOUNTING & CONSULTING SERV LLC  
8615 COMMODITY CIRCLE  
SUITE 6  
ORLANDO, FL 32819 US

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.

**SIGNATURE:** CAROLINE LARSON

04/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GAMA, MARYELLE C  
**Address:** 4956 EAGLESMERE DR APT 734  
**City-St-Zip:** ORLANDO, FL 32819 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARYELLE C GAMA

P

04/15/2011

Electronic Signature of Signing Officer or Director

Date