

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **P10000052512**

1. Entity Name

Gamma Engineering General Contractors Corp.



11 MAY -6 AM 8:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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2. Principal Place of Business : No P.O. Box #
3006 NW 79th Ave.

3. Mailing Address
5204 NW 103rd Ave

Suite, Apt. #, etc.
Suite 8

Suite, Apt. #, etc.

City & State
Doral, Fl.

City & State
Doral, Fl.

4. FEI Number
27-2950249

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
33178

Country
USA

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

CR2E034B (11/08)

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7. Name and Address of Current Registered Agent

Name **Gabriel Castano**

Street Address (P.O. Box Number is Not Acceptable)

5204 NW 103rd Ave.

City **Doral**

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

[Signature]

Gabriel Castano

Vice-President

April 29/11

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. Edgar Nima 40% shares.
3006 NW 79th Ave.
Doral, Fl. 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V. Gabriel Castano 60% shares.
5204 NW 103rd Ave.
Doral, Fl. 33178.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**100207400631
05/09/11-01011-016 **185.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Gabriel Castano

April 29/11

305-303-8563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #