

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083711

Entity Name: GAMA ANTIQUES, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

256 WORTH AVE  
SUITE S  
PALM BEACH, FL 33480

## Current Mailing Address:

256 WORTH AVE  
SUITE S  
PALM BEACH, FL 33480

## New Principal Place of Business:

6671 W.INDIANTOWN ROAD  
#56318  
JUPITER, FL 33458

## New Mailing Address:

6671 W.INDIANTOWN ROAD  
#56318  
JUPITER, FL 33458

FEI Number: 65-0455691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUIR, FRANK  
19149 SE SEATURTLE CT 105A  
TEQUESTA, FL 33469 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: MUIR, FRANK  
Address: 19149 SE SEATURTLE CT. 105A  
City-St-Zip: TEQUESTA, FL 33469

Title: C ( ) Delete  
Name: MUIR, WM  
Address: 1800 S. OCEAN BLVD.  
City-St-Zip: BOCA RATON, FL

Title: VP ( ) Delete  
Name: MUIR, JANE  
Address: 1800 S.OCEAN BLVD.  
City-St-Zip: BOCA RATON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK MUIR

S

04/16/2009

Electronic Signature of Signing Officer or Director

Date