FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90041 046 ***150.00

DOCU 1. Entity Nar	MENT # P94000089	806			02-03-2003 9004	41 046 ***130.00	
GILDAMRIC CORP.							
	DO NOT WRITE	IN THIS SP	ACE		,		
	Place of Business E. 17TH STREET	3. Mailing Address					
Suite, Apt. #, etc. SECOND FLOOR		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State FT.LAUDERDALE, FL 2031		City & State			Yumber 416353	Applied For	
Zip 333		Zip	Country	<u> </u>	ificate of Status Desired	Not Applicable 8.75 Additional	
				7. Name	and Address of Current Registered A	ee Required	
	DO NOT W		Name DAMA	SO W. S	AAVEDRA		
	DO NOT W		Street Addre	ess (P.O. Box I	Number is Not Acceptable) TH STREET		
16	IN THIS SP	ACE	, ;	FLOOR	4		
			, City	T LAUDE	PDATE FL	Zip Code 33316	
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or reg	istered agent.	or both, in the State of Florida, I am fam	niliar with, and accept	
CONTURE	Ç Ç						
SIGNATURE	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE: F	legistered Agent signature rec	quired when reinstal	ing) DATE		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	State	٠.		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	. <u>. </u>		F - 45 F		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	PRESIDENT/DIRECTOR GIL HYATT	•	TITLE	•		(12/02)	
STREET ADDRESS CITY-ST-ZIP	989 NE 45TH STREET FT. LAUDERDALE, FL		STREET ADDRESS CITY-ST-ZIP		And I was to		
TITLE	VICE PRESIDENT/DIRE	ORIDA 33316 CTOR	TITLE	-	, + /k /	CRZE034B	
NAME	DAMAASO W. SAAVEDRA		NAME			188	
STREET ADDRESS CITY-ST-ZIP	312 S.E. 17TH STREE FT. LAUDERDALE, FLO		CITY-ST-ZIP				
JITLE MAME	SECRETARY/TREASURER		TITLE	*****	Andrew Street Street of the street Street		
STREET ADDRESS	RICARDO CADENAS 609 KENTLAND DRIVE	STREET ADDRESS		DO NOT WOLT			
CITY-ST-ZIP	GREAT FALLS, VA 220	66	CITY-ST-ZIP.		DO NOT WRIT	E ; ;	
TITLE NAME			TITLE		IN THIS SPAC	E	
STREET ADDRESS		,	NAME STREET ADDRESS			-	
CITY-ST-ZIP	•		CITY-ST-ZIP.			2,0	
TITLE NAME			TITLE			44.	
STREET ADDRESS			NAME STREET ADDRESS		ayar ar		
CITY-ST-ZIP	A		CITY-ST-ZIP	<u>.</u>			
TITLE NAME	/		TITUE		3		
STREET ADDRESS		•	NAME A 7 STREET ADORESS	· .			
CITY -ST- ZIP		, 	CITY ST ZIP	*			
12. I hereby of indicated of the cor- attachmen	ertify that the information supplied win t on this report or supple hental report is t poration or the receive on trustee emits nt with an address, with all byther like e	nis filing does not qualify for the rue and accurate and that my a wered to execute this report a powered.	e exemption stated in signature shall have the s required by Chapte	Section 119.0 he same legal er 607. Florida	7(3)(i), Florida Statutes. I further certify effect as if made under oath; that I am Statutes; and that my name appears in	that the information an officer or director Block 10 or on an	

01/30/03 Date