

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000092585

1. Entity Name  
GAMEZ ENTERPRISES, INC.



Principal Place of Business  
418 NORTH BYRD AVE  
AVON PARK, FL 33825

Mailing Address  
P O BOX 579  
AVON PARK, FL 33826

FILED

07 JUN 11 PM 3:52

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0537816	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GAMEZ, CARLOS G  
418 NORTH BYRD AVE  
AVON PARK, FL 33825

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be Added to Fees 00102356852  
05/14/07--01074--001 \*\*3972.50

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GAMEZ, CARLOS G  
STREET ADDRESS 418 NORTH BYRD AVE  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Carlos Gomez* Carlos Gomez 6/5/11 863-452-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #