


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000093363 1. Entity Name G.C.A.M. INVESTMENT CORP.	
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Principal Place of Business 10000 S.W. 56TH ST. STE. #32 MIAMI, FL 33165	Mailing Address 10000 S.W. 56TH ST. STE. #32 MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0560442	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, J. LUIS
338 MINORCA AVE
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, NELSON
STREET ADDRESS	10000 S.W. 56TH ST.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	P
NAME	RODRIGUEZ, NELSON P
STREET ADDRESS	10000 S.W. 56TH ST.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VD
NAME	NELSON, NELSON P
STREET ADDRESS	10000 S.W. 56TH ST.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80044-023 158.75

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 (305) 595-8220
Date Daytime Phone #