


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90115 046 ***150.00

DOCUMENT # P95000051419 1. Entity Name GAMMA USA, INC.					
Principal Place of Business 5600 NW 37TH AVE MIAMI, FL 33142			Mailing Address 5600 NW 37TH AVE MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04082008 Chg-P CR2E034 (12/06) 65-0594845	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIORDANO, JOHN N ESQ. 220 S. FRANKLIN ST. TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: <u>Bush Ross Registered Agent Service</u> Street Address (P.O. Box Number is Not Acceptable): <u>1301 N. Highland Ave.</u> City: <u>Tampa</u> FL Zip Code: <u>33602</u>	
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 _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D BAUM, MATTHEW 2115 S.W. 2ND ST. POMPANO BEACH, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Baum, Matthew 3600 NW 37 Ave MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, MARIO 2115 S.W. 2ND ST. POMPANO BEACH, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perez, Mario 3600 NW 37 Ave MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, JOSE 2115 S.W. 2ND ST. POMPANO BEACH, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rodriguez, Jose 3600 NW 37 Ave MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T CASTILLE, COLLEEN 2115 S.W. 2ND ST. POMPANO BEACH, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T Castille, Colleen 3600 N.W. 37 Ave MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANAHAN, KATHLEEN 2115 S.W. 2ND ST. POMPANO BEACH, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shanahan, Kathleen 3600 N.W. 37 Ave MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRACKO, ELLIOTT 2115 S.W. 2ND ST. POMPANO BEACH, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kracko, Elliot 3600 NW 37 Ave MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jose M. Rodriguez</u> JOSE RODRIGUEZ Vice President			Date: <u>4-21-08 (305) 633-2422</u>		