

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000073430 (7)

1. Corporation Name  
GWAMOMB, INC.



Principal Place of Business  
11096 DES MOINES COURT  
COOPER CITY FL 33026

Mailing Address  
11096 DES MOINES COURT  
COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1995

4. FEI Number

65-0613100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 16300 NE 19ave

Suite, Apt. #, etc.

22 Suite 207

City & State

23 Miami FL

Zip

24 33026

Country

25 US

2a. Mailing Address

26 16300 NE 19ave

Suite, Apt. #, etc.

27 Suite 207

City & State

28 Miami, FL

Zip

29 33026

Country

30 US

9. Name and Address of Current Registered Agent

KLIKOVA, SVETLANA  
11096 DES MOINES COURT  
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name KLIKOVA, SVETLANA

82 Street Address (P.O. Box Number is Not Acceptable)  
11096 Des Moines Ct

83

84 City Cooper City

FL

85 Zip Code 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Svetlana Klimova*, President (Svetlana Klimova)

04/22/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KLIMOVA, SVETLANA  
STREET ADDRESS 11096 DES MOINES COURT  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE S ☐ DELETE  
NAME GEIKHMAN, ELINA  
STREET ADDRESS 11096 DES MOINES COURT  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE M ☐ DELETE  
NAME YAROSH, VLADIMIR  
STREET ADDRESS 1817 SOUTH OCEAN DRIVE APT 228  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)