

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90069 031 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P97000101139**

1. Entity Name

GELMA CORPORATION



Principal Place of Business

901 PONCE DE LEON BLVD. SUITE #603
CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD. SUITE #603
CORAL GABLES, FL 33134

94038370

**DO NOT WRITE IN THIS SPACE**

02122004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0798880

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**8. Name and Address of Current Registered Agent**ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD. SUITE #603
CORAL GABLES, FL 33134**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ALMEIDA, ANGELA
STREET ADDRESS	901 PONCE DE LEON BLVD. SUITE #601
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	
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CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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

Date

Daytime Phone #

3/25/04

(305)444-1741