

ANNUAL REPORT

FILED

Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90057 040 ***150.00

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
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01182007 No Chg-P CR2E034 (11/06)

4. FEI Number 65-0788880	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD. SUITE #603
CORAL GABLES, FL 33134

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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 state of address (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALMEIDA, ANGELA 901 PONCE DE LEON BLVD. SUITE #601 CORAL GABLES, FL 33134
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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: A. Almeida 2/22/07 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #