

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90321 047 ***150.00

DOCUMENT # P98000000345					
1. Entity Name GAETA CAPITAL, INC.					
Principal Place of Business 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403			Mailing Address 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business 5220 Hood Road Suite, Apt. #, etc. Suite 100		3. Mailing Address 5220 Hood Road Suite, Apt. #, etc. Suite 100			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 65-0807535	
Zip 33418		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAETA, NEIL J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403			7. Name and Address of New Registered Agent Name: Gaeta, Neil J. Street Address (P.O. Box Number is Not Acceptable): 5220 Hood Road, Suite 100 City: Palm Beach Gardens FL Zip Code: 33418		
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: President DATE: 4/4/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PSD NAME GAETA, NEIL J STREET ADDRESS 3555 NORTHLAKE BLVD CITY-ST-ZIP PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5220 Hood Road, Suite 100 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GAETA, LOUIS A JR STREET ADDRESS 3555 NORTHLAKE BLVD CITY-ST-ZIP PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5220 Hood Road, Suite 100 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: President			Date: 4/4/06 Daytime Phone #: (561) 627-1900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					