2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2005 08:00 AM Secretary of State

DOCUMENT # P98000027146				Secretary of State
1. Entity Name KATHEY L. GAMIOTEA REAL ESTATE, INC.				
Principal Plac	e of Business	Mailing Address	·	
707 EAST HI Arcadia, Fl	ICKORY STREET 34266	707 EAST HICKORY STREET ARCADIA, FL 34266		
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				02172005 No Chg-P CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For
	_ · · ··		***	65-0831363 Not Applicable
				5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				
GAMIOTEA, KATHEY L			l	-DO NOT WRITE
707 E HICKORY STREET ARCADIA, FL 34266			t.	
,,	,			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 reinstating) DATE				
Officerial Aben of believe an effection of effect our rise is observed. (Apple 15 house a distribute addition when somewrith)				
FILE NOW!!: FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			· _ +	.00 May Be led to Fees
10.	OFFICERS AND D	RECTORS		
TITLE NAME	STP GAMIOTEA, KATHEY L		· — · · ·	
STREET ADDRESS	83 W. GRANGER ST.			\\00000239017 02/22/05-80026-010 158.75
TITLE	ARCARDIA, FL 34266	N. 35, 50 c. 10003		00, ce, 00 00000 010 100.10
NAME	GAMIOTEA, RAUL			
STREET ADDRESS CITY-ST-ZIP	83 W. GRANGER STREET ARCADIA, FL 34266			
TITLE	7.1107.15.11,7.12.01.1500	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
NAME STREET ADDRESS				
CITY-ST-ZIP				DO NOT WRITE
TITLE				IN THIS SPACE
NAME STREET ADDRESS			i	
CATY-ST-ZIP		<u></u>	Filtrane Tallinari	na serindana - 14 f. C. Seri, independ
TITLE				
name Street address			j	
CITY-ST-ZIP				
TITLE NAME			I	
STREET ADDRESS				
CITY-ST-ZIP	1		_	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR