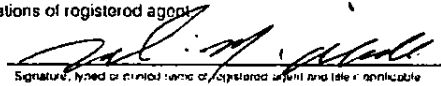
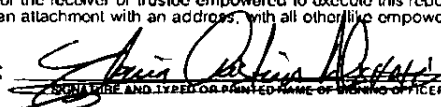


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

04-30-2007 90392 034 ***150.00

DOCUMENT # P99000027851					
1. Entity Name GAPCO, INC.					
Principal Place of Business 19288 NW 24 CT PEMBROKE PINES FL 33029			Mailing Address 19288 NW 24 CT PEMBROKE PINES FL 33029		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 19288 NW 24 CT			
City & State		City & State Pembroke Pines Fla.			
Zip	Country	Zip	Country	4. FEI Number 59-3568335	
33029		33029	Broward	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEHDI, ALISHAHI 19288 NW 24 COURT PEMBROKE PINES FL 33029			Name GLORIA C Alishahi		
			Street Address (P.O. Box Number is Not Acceptable) 19288 NW 24 CT		
			Pembroke Pines		
			City FL Zip Code 33029		
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  4/18/07 Signature, typed or printed name of registered agent and title is applicable. (NOTE: The registered agent signature is required when re-registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete		TITLE	Registered Agent ☒ Change ☐ Addition
NAME	ALISHAHI, GLORIA C			NAME	MEHDI Alishahi
STREET ADDRESS	19288 NW 24 COURT			STREET ADDRESS	19288 NW 24th CT
CITY- ST- ZIP	PEMBROKE PINES FL 33029			CITY- ST- ZIP	Pembroke Pines FL 33029
TITLE	A	Delete		TITLE	
NAME	ALISHAHI, MEHDI			NAME	
STREET ADDRESS	19288 NW 24 COURT			STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINES FL 33029			CITY- ST- ZIP	
TITLE		Delete		TITLE	Note: MRS Gloria Alishahi
NAME				NAME	is 100% Share holder
STREET ADDRESS				STREET ADDRESS	of the corporation.
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		Delete		TITLE	Corporation Agent
NAME				NAME	Alishahi GLORIA C
STREET ADDRESS				STREET ADDRESS	19288 NW 24 CT
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		Delete		TITLE	Pembroke Pines - FL - 33029
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly empowered.					
SIGNATURE: 				5/16/07 (84) 437 345	