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	Mailing Address
19288 NW 24 CT PEMBROKE PINES FL 33029	19288 NW 24 CT PEMBROKE PINES FL 33029

1st MOORE CR2E034 (10/06)

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 33029 / Country Brward

4. FEI Number 59-3568335 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 N.W 24 ct Pembroke Pino 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 if applicable (NOTE: Registered Agent signature required when reinstated) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P ALISHAHI, GLORIA C 19288 NW 24 COURT PEMBROKE PINES FL 33029	☐ Delete	Registered Agent MEHDI Alishahi 19288 NW 24th ct pembroke pine fl.w 33029	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ALISHAHI, MEHDI 19288 NW 24 COURT PEMBROKE PINES FL 33029	☑ Delete	Note: MRS Gloria Alishahi	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	is 100% Share holder of the corporation.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Co-poration Agent Alishahi GLORIA C 19288 NW 24 ct	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	pembroke pnes - fla. 33012	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: _____ 5/10/07 (954) 437 7345
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #