


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90187 017 \*\*\*150.00

**DOCUMENT # P99000047656**

1. Entity Name  
**GAM FLORIDA ESTATES, INC.**



Principal Place of Business      Mailing Address

**1441 BRICKELL AVE STE 1014  
MIAMI, FL 33131**      **1441 BRICKELL AVE STE 1014  
MIAMI, FL 33131**

2. Principal Place of Business      3. Mailing Address

**1441 BRICKELL AVE**      **1441 BRICKELLA AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**1400**      **1400**

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33131**      **USA**      **33131**      **USA**



01252005      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131		Name <b>ROBERT ALLEN LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>1441 BRICKELL AVE</b> <b>SUITE 1400</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	PSD MATA, HUMBERTO <input checked="" type="checkbox"/> Delete 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mata Humberto 1441 Brickell Avenue Ste 1400 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MATA, ALEXANDRA 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mata, Alexandria 1441 Brickell Avenue Ste 1400 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS <input checked="" type="checkbox"/> Delete ALLEN, ROBERT N JR 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bonanta, Umberto C. 1441 Brickell Avenue Ste 1400 Miami, FL 33131
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 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:  **Umberto Bonanta**      4/27/05 (305) 372-3300  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #