

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S10376**

1. Entity Name  
GUMELIZ ENTERPRISES, INC.



Principal Place of Business  
4000 BAILEY ROAD  
FORT LAUDERDALE, FL 33319

Mailing Address  
4000 BAILEY ROAD  
FORT LAUDERDALE, FL 33319

**FILED  
May 03, 2007 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0293391</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CONCA, OSCAR  
2023 NW 45 AVE  
COCONUT CREEK, FL 33066

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME CONCA, OSCAR  
STREET ADDRESS 2023NW 45 AVE  
CITY-ST-ZIP COCONUT CREEK, FL 33066

U000000760214  
05/25/07-80004-008 158.75

TITLE V  
NAME CONCA, ROSITA  
STREET ADDRESS 2023 NW 45 AV  
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Osce Conca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07

954-973-9499

Date

Daytime Phone #