

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S21827

1. Entity Name
GAMMA CARRIERS (USA), INC.



FILED
Oct 18, 2004 8:00 A.M.
Secretary of State

Principal Place of Business

C/O PRESIDENT
2511 N.W. 72ND AVE
MIAMI, FL 33122 US

Mailing Address

PRESIDENT
2511 N.W. 72ND AVE
MIAMI, FL 33122 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09302004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0257415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC.
1202 HAYS STREET, STE. 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MAZZANTI, ALESSIO
STREET ADDRESS 2511 NW 72ND AVE.
CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☐ Delete
NAME PEARL, FRANK
STREET ADDRESS 2511 NW 72ND AVE.
CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☐ Delete
NAME PIQUERO, FRANCISCO
STREET ADDRESS 2511 NW 72ND AVE.
CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☐ Delete
NAME GOMEZ, JUAN P
STREET ADDRESS 2511 NW 72ND AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE T ☒ Delete
NAME HURTADO, CARLOS A
STREET ADDRESS 2511 NW 72ND AVENUE
CITY-ST-ZIP MIAMI, FL 33122

TITLE S ☐ Delete
NAME CICERARO, JUAN
STREET ADDRESS 2511 NW 72 AVENUE
CITY-ST-ZIP MIAMI, FL 33122

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300041951833
STREET ADDRESS 10/18/04--01097--006 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/04

305-599-9875

Date

Daytime Phone #