

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82951

Entity Name: G.C.M.M., INC.

FILED  
Feb 25, 2009  
Secretary of State

## Current Principal Place of Business:

369 MIRACLE MILE  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

7412 SW 53RD AVE  
MIAMI, FL 33143

## New Mailing Address:

FEI Number: 65-0292917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRENDES, BEATRIZ M PRES.D  
7412 SW 53RD AVE  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P.D ( ) Delete  
Name: PRENDES, BEATRIZ P.DIREC  
Address: 7412 SW 53RD AVE  
City-St-Zip: MIAMI, FL 33143

Title: S.D ( ) Delete  
Name: ABISLAIMAN, FRANCISCO SEC.DIR  
Address: 369 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: V.P ( ) Delete  
Name: ABISLAIMAN, JULIO V.P  
Address: 369 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: T.D ( ) Delete  
Name: ALFANO, MA.EUGENIA T.DIREC  
Address: 241 WEST LAKE SUE AVE.  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ PRENDES

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date