

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000086580

**Entity Name:** GAMA TRANSPORT, INC.

**Current Principal Place of Business:**

8280 SUNRISE LAKES BLVD.  
APT 104  
SUNRISE, FL 33322-1550

**Current Mailing Address:**

8280 SUNRISE LAKES BLVD.  
APT 104  
SUNRISE, FL 33322-1550 US

**FEI Number:** 27-3741949

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THE LEGAIR LAW FIRM, P.A.  
1601 N PALM AVE  
SUITE 307  
PEMBROKE PINES, FL 33026 US

*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

**Officer/Director Detail :**

Title P  
Name FERNANDEZ, MAX D  
Address 8280 SUNRISE LAKES BLVD APT 104  
City-State-Zip: SUNRISE FL 33322-1550

Title S  
Name FERNANDEZ, MAX D  
Address 8280 SUNRISE LAKES BLVD APT 104  
City-State-Zip: SUNRISE FL 33322-1550

Title T  
Name FERNANDEZ, MAX D  
Address 8280 SUNRISE LAKES BLVD APT 104  
City-State-Zip: SUNRISE FL 33322-1550

*I hereby 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 all other like empowered.*

**SIGNATURE: MAX FERNANDEZ**

**PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date