



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90123 002 ***150.00

DOCUMENT # P07000051377			
1. Entity Name GAMMA INSTALLATIONS, INC.			
Principal Place of Business 2625 W. SUNSET DRIVE TAMPA, FL 33629		Mailing Address 2625 W. SUNSET DRIVE TAMPA, FL 33629	
2. Principal Place of Business - No P.O. Box # 5600 N.W. 37 AVE		3. Mailing Address 5600 N.W. 37 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33142	Country USA	Zip 33142	Country USA
6. Name and Address of Current Registered Agent GIORDANO, JOHN N 220 S. FRANKLIN STREET TAMPA, FL 33602		7. Name and Address of New Registered Agent Name BOB ROSS REGISTERED AGENT Street Address (P.O. Box Number is Not Acceptable) 1801 N. HIGHLAND AVE. City TAMPA FL Zip Code 33602	
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: JOHN N GIORDANO DATE: 4-22-08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRESIDENT Delete <input type="checkbox"/> DERRADO, MICHAEL 11211 SW 51 ST. FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Delete <input type="checkbox"/> RODRIGUEZ, JOSE 1000 E 3 AVE MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY Delete <input type="checkbox"/> BAUM, MATTHEW 120-6 PROSPECT ST. RIDGEFIELD, CT 06871	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
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 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: 		4-22-08 (305) 633-2422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	