


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000024640
 1. Entity Name
 GESTO ENTERPRISE, INC.



Principal Place of Business Mailing Address
 2311 SW 23 ST 2311 SW 23 ST
 MIAMI, FL 33145 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0661518 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TEJERA, PASTOR DE LA
 2311 SW 23 ST
 MIAMI, FL 33145

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	TEJERA, PASTOR DE LA
STREET ADDRESS	2311 SW 23 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	TEJERA, PASTOR DE LA
STREET ADDRESS	2311 SW 23 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VP
NAME	CONNER, MERCEDES
STREET ADDRESS	8265 N.W. 6 TERR #249
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	ANDRES, ELENA
STREET ADDRESS	9375 SW 77 AVE #3025
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/19/05-80003-013 150.00

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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] - PRESIDENT 03/12/05 305-854-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #