

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001206

FILED
Jan 09, 2004
Secretary of State

Entity Name: GASCOM, INC.

Current Principal Place of Business:

2800 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

PO BOX 222365
HOLLYWOOD, FL 33022365

New Mailing Address:

FEI Number: 65-0807134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALACIOS, RAUL E
2705 PARKVIEW DR
HALLANDALE, FL 33009

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: PD () Delete
Name: PALACIOS, RAUL E
Address: 2800 OLD ORCHARD ROAD
City-St-Zip: DAVIE, FL 33328

Title: TD () Delete
Name: PALACIOS, RICHARD E
Address: 348 E GARDEN COVE CIRCLE
City-St-Zip: DAVIE, FL 33325

Title: VS () Delete
Name: LACIOS, RAULE III
Address: 202 W. FOREST OAKK CIR.
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PALACIOS, RAUL E
Address: 2705 S. PARKVIEW DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

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

Title: VS (X) Change () Addition
Name: PALACIOS II, RAUL E
Address: 5100 SW 167TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAUL E. PALACIOS

PD

01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date