

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90274 001 *1,500.00

DOCUMENT # F57936

1. Entity Name
GULFSTREAM GARAGE, INC.



Principal Place of Business
**%DONALD C. BERGOINE
1190 NORTH DIXIE HIGHWAY
HOLLYWOOD, FL 33020-3425**

Mailing Address
**%DONALD C. BERGOINE
1190 NORTH DIXIE HIGHWAY
HOLLYWOOD, FL 33020-3425**

66013613



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0734236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGOINE, DONALD C.
1190 NORTH DIXIE HIGHWAY
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERGOINE, DONALD C. 3101 SW SAN ANTONIO DRIVE PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BERGOINE, DONALD E. 1190 NORTH DIXIE HIGHWAY HOLLYWOOD, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

Charles M. Diveto, Jr., CPA, PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
**25 N.W. 4th Street
Plantation, Florida 33317**

Date *5/24/06*

Daytime Phone # *954-331-6300*