2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F57936

1. Entity Name
GULFSTREAM GARAGE, INC.

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

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02242007   No Chg-P   CR2E034 (11/05)

4. FEI Number 57-0734236	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000750913 05/18/07-80082-004 1500.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERGOINE, DONALD C.
STREET ADDRESS	3101 SW SAN ANTONIO DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VSD
NAME	BERGOINE, DONALD E.
STREET ADDRESS	1190 NORTH DIXIE HIGHWAY
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/25/07   954-321-____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #