


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F77174**  
1. Entity Name  
**GASTON SUAREZ & ASSOCIATES INC.**



Principal Place of Business      Mailing Address  
**1890 N W 96 AVENUE**      **1890 N W 96 AVENUE**  
**MIAMI, FL 33172-2317**      **MIAMI, FL 33172-2317**

**DO NOT WRITE IN THIS SPACE**



03142008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2264902**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SUAREZ, GASTON M.**  
**301 PACIFIC RD**  
**KEY BISCAWAYNE, FL 33149**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PISCHNER, MARTA S</b> <b>5800 SW 89TH AVENUE</b> <b>MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUAREZ, GASTON M</b> <b>1890 NW 96TH AVE</b> <b>DORAL, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SUAREZ, GUSTAVO G</b> <b>9140 FOUNTAINBLEAU BLVD., APT. 401</b> <b>MIAMI, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/15/08-80045-020 150.00  
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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 reports 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:** \_\_\_\_\_ **GASTON SUAREZ**      **4/2/08 (305) 591-8050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #