200	07 NOT-FOR-PRO ANNUAL R		<b>FILED</b> Mar 07, 2007 8:00 am			
DOCU 1. Entity Nan	MENT # N010000086	00		Secr	etary of Sta	te
GULFSTI	REAM ASHI, INC			03-07-	2007 90018 020 ****61.2	25
Principal Plac	ce of Business	Mailing Address	I			
		5891 N.W. 65TH TERR PARKLAND FL 33067	5891 N.W. 65TH TERRACE PARKLAND FL 33067			
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address		11811 88677 88111 88111 88111 88181 88181 89181 8914	LANZA OI IVII
		Suite, Apt. #, etc.	Suite, Apt. #, elc.			
City & State		City & Slate	City & State			Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired  S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Agent	
			Name	Name		
589	MANO, PETER }1 N.W. 65TH TERRACE RKLAND FL 33067		Stroet Address (		(P.O. Box Number is Not Acceptable)	
			City		FL Zip Co	de
8. The above	anamed entity submits this statement for	or the purpose of changing its	registered office c	registered agent, or both, in the S		n, and accept
the obligation	tions of registorod agent.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE)	Registered Agent signa	e required when reinstaling)	DATE	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Cam Trust Fund C	paign Financing ontribution.	<b>\$5.00</b> May Be □ Added to Fees	Make Check Payable Florida Department of	
10.	OFFICERS AND DI	RECTORS	11.		D OFFICERS AND DIRECTORS I	N 10
TITLE NAME	PD HUNTER, BILL	Delele	TITLE NAME	Director	Change K	Addition
STREET ADDRESS	521 S.E. 4TH STREET		STREET ADDRESS	HUDER, BILL 17/ SEY Street		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441-474		CITY-ST-ZIP	Decreticity Borch	FL 33441-47	4J
TITLE NAME STRUET ADDRESS	D ROMANO, PETER 5891 N.W. 65TH TERRACE	Delete	TITLE NAME STREET ADDRESS		* 🗌 Change	Addilion
CITY-SI ZIP	PARKLAND FL 33067		CITY-S1-ZIP	<u></u>		
ntle Name Street address	VP SILVER, BURTON 6054 GLENDALE DRIVE	🗙 Delete	TITLE NAME STREET ADDRESS		Change	Addition
CITY - ST-ZIP	BOCA RATON FL 33433	<b>x</b> /	CITY-S1-ZIP			
title Name	T	Deleie	TITLE	PRAISON MICHA	el X Change	Addition
NAME STREET ADDRESS	PEARSON, MICHAEL 1130 NW 3 AVE	•	NAME STREET ADDRESS	HEALISU THEM		
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	1130 NW 3 AUC DELTAY BLAC	W. KL 33444	
TITLE		Delele	TITLE		Chatige	Addition
NAME STREET ADDRESS CITY - ST - ZIP			NAME STREET ADDRESS CETY - ST - ZIP			
TITLE:		🗋 Deletc	TITLE		🗋 Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY - ST - ZIP			CITY-ST-ZIP			·····
indicated of the co	certify that the information supplied wit for this report or supplemental report in poration or the roceffor or trustee onp ot, or on an allac/mort with an addres	s true and accurate and that mo powered to execute this report	iy signature shall I t as required by C	we the same legal effect as if ma	de under oath: that I am an office	or or director