


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90056 003 ***150.00

DOCUMENT # P00000106100	
1. Entity Name GERSTMAN ENTERPRISES, INC.	

Principal Place of Business 4040 NW 100TH AVE CORAL SPRINGS FL 33065	Mailing Address 4040 NW 100TH AVE CORAL SPRINGS FL 33065
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2. Principal Place of Business 1000 Corporate Dr. Suite, Apt. #, etc. Suite 700 City & State Ft. Lauderdale, FL Zip 33334 Country US	3. Mailing Address 1000 Corporate Dr. Suite, Apt. #, etc. Suite 700 City & State Ft. Lauderdale, FL Zip 33334 Country US
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1st MOORE CR2E034 (10/04)

4. FEI Number 65-1057173		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GERSTMAN, MICHAEL 4040 NW 100TH AVE CORAL SPRINGS FL 33065		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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

2/5/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERSTMAN, MICHAEL 4040 NW 100TH AVE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05

Date

954-340-6960

Daytime Phone #