

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000119846

1. Entity Name
GASTRO ENTERPRISES CORPORATION



Principal Place of Business
1920 HALLANDALE BEACH BLVD, PH-1
HALLANDALE BEACH, FL 33009

Mailing Address
1920 HALLANDALE BEACH BLVD, PH-1
HALLANDALE BEACH, FL 33009



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0596052

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBO, JAMES
2020 NE 163 ST, #300
N MIAMI BEACH, FL 33162

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PENHOS, ELIAS JAFIF
STREET ADDRESS 1920 HALLANDALE BEACH BLVD, PH-1
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE D
NAME PENHOS, ELIAS J
STREET ADDRESS 1920 HALLANDALE BCH. BLVD.
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000098655
03/29/04-80049-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #