

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90022 004 ***150.00

DOCUMENT # P02000024748					
1. Entity Name GASTELUM PRODUCTIONS, INC.					
Principal Place of Business 701 THREE ISLANDS BLVD # 207 HALLANDALE BEACH, FL 33009			Mailing Address 701 THREE ISLANDS BLVD # 207 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0632231	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERRANO, CARLOS 701 THREE ISLANDS BLVD # 207 HALLANDALE BEACH, FL 33009			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME SERRANO, CARLOS P/S/T		TITLE	NAME Serrano, Carlos P/S/T	
STREET ADDRESS 701 THREE ISLANDS BLVD # 207	CITY - ST - ZIP HALLANDALE BEACH, FL 33009		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 reports 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					