

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 NOV -1 AM 11:43

SECRETARY OF STATE
4 TALLAHASSEE, FLORIDA
11/01/04--01071--013 **\$61.25



DOCUMENT # P02000033400
1. Entity Name
GASTON CORPORATION

Principal Place of Business
3399 NW 72 AVE, STE 121
MIAMI, FL 33122

Mailing Address
3399 NW 72 AVE, STE 121
MIAMI, FL 33122

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

10272004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0416477

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
PEREZ-SIAM, FRANK
4100 SW 57 AVE
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name **TERRENCE S. SCHWARTZ, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
141 NE 3 AVENUE
Suite 601
City **MIAMI** FL Zip Code **33132**

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 *Terrence S. Schwartz* **TERRENCE S. SCHWARTZ** DATE **10/28/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, FIDEL 3399 NW 72 AVE, STE 121 MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR LEONARDO VALDES 3399 N.W. 72 AVE MIAMI, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA, EUALIA 3399 NW 72 AVE, STE 121 MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER KAUL ENRIQUEZ 11670 S.W. 28 STREET MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Leonardo Valdes* **LEONARDO VALDES** **PRESIDENT** DATE **10/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #