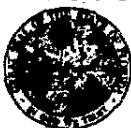


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000065604</b> 1. Entity Name GASTVEN, CORP.	
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Principal Place of Business 642 E. SUGARLAND HWY. CLEWISTON, FL 33440	Mailing Address 642 E. SUGARLAND HWY. CLEWISTON, FL 33440
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**DO NOT WRITE IN THIS SPACE**

05122005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0549532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  GUARDIA, HECTOR 8422 SW 24 ST MIAMI, FL 33155
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**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 rechartering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUARDIA, HECTOR R 8422 SW 24 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUENTES, AMILCAR V 8422 SW 24 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOIDI, FILIPO 8422 SW 24 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOIDI, GLORIA 8422 SW 24 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/16/05-80003-024 150.00

**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)(f), 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

05/11/2005 863 983 7884  
Date Daytime Phone #