2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000065604

1. Entity Name
GASTVEN, CORP.

Principal Place of Business	Mailing Address
642 E. SUGARLAND HWY. CLEWISTON, FL 33440	642 E. SUGARLAND HWY. CLEWISTON, FL 33440

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0549532
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUARDIA, HECTOR
8422 SW 24 ST
MIAMI, FL 33155

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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03/18/06-80014-008 150.00

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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 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: Hector Guardia 03/03/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #