


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000089710</b> 1. Entity Name <b>GASTVEN #6, INC.</b>	
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Principal Place of Business <b>642 E SUGARLAND HWY CLEWISTON, FL 33440</b>	Mailing Address <b>642 E SUGARLAND HWY CLEWISTON, FL 33440</b>
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02262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>82-0559711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>GUARDIA, HECTOR 642 E SUGARLAND HWY CLEWISTON, FL 33440</b>
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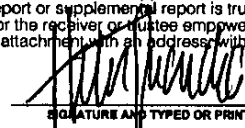
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GUARDIA, HECTOR 642 E SUGARLAND HWY CLEWISTON, FL 33440</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S INAUDI, ANA S 642 E SUGARLAND HWY CLEWISTON, FL 33440</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>11000000652457 03/12/07-80020-002 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>02/26/2007</b> Date	<b>863 2284666</b> Daytime Phone #
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