


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P02000097150</b><br>1. Entity Name<br><b>GULFSTREAM MARINE INC.</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>311 SW 15 AVE.<br/>POMPANO BEACH, FL 33069</b> | Mailing Address<br><b>PO BOX 551327<br/>FORT LAUDERDALE, FL 33355</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>27-0030658</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MATOS, ROBERT<br/>10760 CAMERON CT., AP. 103<br/>DAVIE, FL 33324</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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.

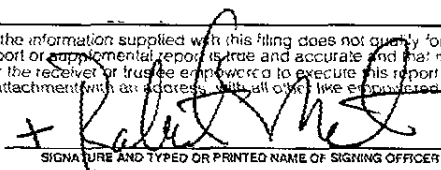
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature must be typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when re-certified.

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U00000087600<br/>03/15/04-80017-025 150.00</b> |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                        |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>P<br/>ROBERT MATOS<br/>10760 CAMERON CT. #103<br/>DAVIE, FL 33324</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>V<br/>JAMES MATOS<br/>7721 NW 39TH STREET<br/>HOLLYWOOD, FL 33024</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |

**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)(c), 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 information.

SIGNATURE:  **+3-3-2004 +954-785-0291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #