

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90087 043 ***150.00

DOCUMENT # P03000012118 1. Entity Name THE GASKET GUY, INC.			
Principal Place of Business 7542 CAPRIO DRIVE BOYNTON BEACH, FL 33437		Mailing Address 7542 CAPRIO DRIVE BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box # 4446 Carmine Street		3. Mailing Address 15781 79th Ct N	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lake Worth, FL		City & State Coxahatchee, FL	
Zip 33631		Zip 33470	
Country 		Country 	
4. FEI Number 13-4171891		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, MOSHE 7542 CAPRIO DRIVE BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15781 79th Ct N City Coxahatchee FL Zip Code 33470	
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: (NOTE: Registered Agent signature required when reinstalling) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS SCHNEIDER, MOSHE 7542 CAPRIO DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, BARAK 7542 CAPRIO DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		X 3-28-07 X 561-7031774	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	