
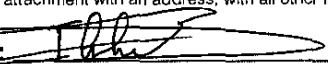


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90041 022 ***150.00

DOCUMENT # P03000055909 1. Entity Name G.A.S.I. INC.			
Principal Place of Business 2814 ORCHARD DR. PALM HARBOR, FL 34684 US		Mailing Address 2814 ORCHARD DR. PALM HARBOR, FL 34684 US	
2. Principal Place of Business 9907 N. Dale Mabry Hwy Suite, Apt. #, etc.		3. Mailing Address 9907 N. Dale Mabry Hwy Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33618		Zip 33618	
Country Hillshound		Country Hillshound	
4. FEI Number 43-2015156		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDE, IBRAHIM 2814 ORCHARD DR PALM HARBOR, FL FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P NAME FERMANO, AZIZ STREET ADDRESS 26 MACARTHUR AVE. CITY-ST-ZIP CLOSTER, NJ 07624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME FU, FINIANG STREET ADDRESS 26 MACARTHUR AVE. CITY-ST-ZIP CLOSTER, NJ 07624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P. HU, Si Niang 3813 Tudor Ct. #213 Tampa, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TR ABDE, IBRAHIM 2814 ORCHARD DR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-15-04 (813) 318-2647 <small>Daytime Phone #</small>	