FILED
May 12, 2004 8:00 am
Secretary of State
05-12-2004 90209 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000089089

24074987

1. Entity Name
GASCO INVESTMENTS, INC

Principal Place of Business	Mailing Address
168 S.E. 1ST ST SUITE 1006 MIAMI FL 33131	168 S.E. 1ST ST SUITE 1006 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0076266
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARRERO,JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE 105
WESTON FL 33326

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / GASTELUM MIJANCOB, EDUANDO DAVID 168 S.E. ST SUITE 1006 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / GASTELUM ROCHA, MA. GABRIELA 168 S.E 1ST SUITE 1006 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 the title I have entered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #