

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90396 044 \*\*\*158.75

**DOCUMENT # P03000093156**

1. Entity Name  
**GULFSTAR FINANCIAL GROUP, INC.**



Principal Place of Business  
**201 SOUTH PINELLAS AVENUE, SUITE 200  
TARPON SPRINGS, FL 34689**

Mailing Address  
**201 SOUTH PINELLAS AVENUE, SUITE 200  
TARPON SPRINGS, FL 34689**

2. Principal Place of Business  
**210 SOUTH PINELLAS AVE.**

3. Mailing Address  
**708 E. TARPON AVE**

Suite, Apt. #, etc.  
**STE 200**

Suite, Apt. #, etc.  
**#5**

City & State  
**TARPON SPRINGS, FL**

City & State  
**TARPON SPRINGS, FL**

Zip  
**34689**

Country  
**USA**

Zip  
**34689**

Country  
**USA**



04262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0176276**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVELLINI, PETER A  
911 CHESTNUT STREET  
CLEARWATERINGS, FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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  
**PSTD**

NAME  
**LUK VONGPRACHANH**

STREET ADDRESS  
**708 E. TARPON AVE. #5**

CITY-ST-ZIP  
**TARPON SPRINGS, FL 34689**

☐ Delete

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04 (727)939-9684

Date Daytime Phone #