


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90044 033 ***158.75

| | |
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| DOCUMENT # P04000004273 |  |
| 1. Entity Name GULF SUNSET ENTERPRISES, INC. | |

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|---|---|
| Principal Place of Business 5543 BEAUTY STREET LEHIGH ACRES FL 33971 | Mailing Address 5548 BEAUTY STREET LEHIGH ACRES FL 33971 |
|---|---|

50016267



1st MOORE CR2E034 (10/04)

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|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|---|
| 4. FEI Number 20-0564947 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|---|
| 6. Name and Address of Current Registered Agent ANDRADE, OSORIO R 5548 BEAUTY STREET LEHIGH ACRES FL 33971 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 PTD <input type="checkbox"/> Delete | NAME ANDRADE, OSORIO R | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5100 S. CLEVELAND AVE., #318-BOX 321 | | NAME | |
| CITY-ST-ZIP FT. MYERS FL 33907 | | STREET ADDRESS | |
| TITLE VSD <input checked="" type="checkbox"/> Delete | NAME DIAS, RODRIGO T | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3779 METRO PKWY., #12205 | | NAME | |
| CITY-ST-ZIP FT. MYERS FL 33916 | | STREET ADDRESS | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  **1-(239) 707-3067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #