

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90099 045 ***150.00

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1. Entity Name

GULF VIEUPOINT INVESTEMENT, CORP.



Principal Place of Business

7621 NW 7 AVE
MIAMI, FL 33150

Mailing Address

1425 NW 192 TERRACE
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



05052006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-5042531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIEUVIL, MAGDADENE
1425 NW 192 TERRACE
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME DIEUVIL, MAGDADENE
STREET ADDRESS 1425 NW 192 TERR
CITY-ST-ZIP MIAMI, FL 33169

TITLE VP
NAME DIEUVIL, GUILFORD
STREET ADDRESS 1425 NW 192 TERR
CITY-ST-ZIP MIAMI, FL 33169

TITLE S
NAME PIERRE, LORETTE
STREET ADDRESS 1425 NW 192 TERR
CITY-ST-ZIP MIAMI, FL 33169

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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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-06

Date

Daytime Phone #