## 2006 FOR PROFIT CORPORATION ANNUAL REPORT 🛶

SIGNATURE:

## Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # P05000032568** 01-23-2006 90036 034 \*\*\*150.00 1. Entity Name GULFSTREAM PARTNERS, INC. Principal Place of Business Mailing Address 66003119 5055 BABCOCK STREET NE #7 5055 BABCOCK STREET NE #7 PALM BAY, FL 32905 PALM BAY, FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) Chg-P Suite #4 00ite #4 City & State City & State 4. FEI Number Applied For 20-2587843 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Apent COLOMBO, JOSEPH G.ESQ. Street Address (P.O. Box Number is Not Acceptable) 2351 W EAU GALLIE BLVD STE 1 MELBOURNE, FL 32905 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. (NOTE: Replayed Agers signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П , Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition TITLE ☐ Delete TITLE FACCIOBENE, DON MAKE NAME 5055 BABCOCK STREET NE #7 5055 Babosek of Nz 44 STREET ADDRESS STREET ADDRESS PALM BAY, FL 32905 CITY-ST-ZIP CITY-ST-7IP Delete Addition CURRI, JOHN NAME NAME 2893 NORTH HARBOR CITY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-\$1-2P ITILE ☐ Addition ☐ Chance IIILE ☐ Delete FACCIOBENE, FRANK M SR MARKE MALIF 50 WEST LAURIE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32904 CITY-ST-ZP Oelete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72P ☐ Change ☐ Addition MLE ☐ Delete WE NAME STREET ACCRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TILE Change ☐ Delcte IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZZP CITY-ST-ZIP 12. I hereby certify that the information exopting with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplymental export is true and accurate and that my signature shall have the same logal 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 agraress, with all other like empowered.

PED OR PRINTED MAKE OF MICHING OFFICER OR DIRECTOR

FILED



January 28, 2006

GULFSTREAM PARTNERS, INC. 5055 BABCOCK STREET NE #7 STE 4 PALM BAY, FL 32905

Subject: GULFSTREAM PARTNERS, INC.

Reference Number:

P05000032568

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC ANNUAL REPORTS SECTION