

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90371 047 \*\*\*150.00

**DOCUMENT # P19107**

1. Entity Name  
GULF SOUTH CENTER CONDOMINIUM NO. ONE  
INVESTMENT N.V.



Principal Place of Business

11811 NORTH FREEWAY  
SUITE 300  
HOUSTON, TX 77060 US

Mailing Address

11811 NORTH FREEWAY  
SUITE 300  
HOUSTON, TX 77060 US

14004604



02062004

0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0 0 0 0 0

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

98-0081394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 0 0 0 0 0 0 0 0  
0 0 0 0 0 0 0 0 0 0

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 0 0 0 0 0 0  
0 0 0 0 0 0 0 0 0 0

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSCA, FAUSTO
STREET ADDRESS	VIA G.B. PIODA 14
CITY-ST-ZIP	LUGANO, SWITZERLAND,
TITLE	D
NAME	PIERSON TRUST (CURACAO)
STREET ADDRESS	6 JOHN B. GORSIRAWEG
CITY-ST-ZIP	CURACAO, NA,
TITLE	M
NAME	TOMBARI, MICHAEL G
STREET ADDRESS	11811 NORTH FREEWAY 300
CITY-ST-ZIP	HOUSTON, TX
TITLE	M
NAME	HATFIELD, KENNETH L
STREET ADDRESS	11811 NORTH FREEWAY 300
CITY-ST-ZIP	HOUSTON, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*My Inc VP/Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/04 (281)8200777  
Date Daytime Phone #