

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**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**



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**98-0081394**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000520383  
05/02/06-80091-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSCA, FAUSTO VIA G.B. PIODA 14 LUGANO, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON TRUST (CURACAO) 6 JOHN B. GORSIRAWEG CURACAO, NA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOMBARI, MICHAEL G 11811 NORTH FREEWAY 300 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HATFIELD, KENNETH L 11811 NORTH FREEWAY 300 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 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: MICHAEL G. TOMBARI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/06 281 7200747**  
Date Daytime Phone #