

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P94000067315

1. Entity Name
GULFSTREAM COMPUTER SERVICES, INC.



Principal Place of Business
**901 SE 5TH AVE
POMPANO BEACH, FL 33060**

Mailing Address
**P.O. BOX 611805
POMPANO BEACH, FL 33061**



03012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0520191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEARSON, RONALD G
901 SE 5TH AVE
POMPANO, FL 33060**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	PEARSON, RONALD G
STREET ADDRESS	901 SE 5TH AVE
CITY-ST-ZIP	POMPANO BEACH, FL 330608109
TITLE	VPS
NAME	PEARSON, ROSE ANN
STREET ADDRESS	901 SE 5TH AVE
CITY-ST-ZIP	POMPANO BEACH, FL 330608109
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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03/19/08-80031-024 150.00

**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:

Rose Ann Pearson **ROSE ANN PEARSON** 02/20/08 954-709-6057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #