2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90026 006 ***150.00

DOCUMENT # P98000034109

1. Entity Name
GANSO AZUL, INC.

Principal Place of Business	Mailing Address
3315 58TH AVE S SAINT PETERSBURG, FL 33712	11576 PIERSON RD SUITE K-8 WELLINGTON, FL 33414

2. Principal Place of Business	3. Mailing Address
965 MANOR DRIVE	965 MANOR DRIVE
Suite, Apt. #, etc. STE 6	Suite, Apt. #, etc. STE 6
City & State PALM SPRINGS, FL	City & State PALM SPRINGS, FL
Zip 33461 Country	Zip 33461 Country

03282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0830755 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, PAUL
11576 PIERSON RD
SUITE K-8
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 965 MANOR DRIVE, STE 6

City PALM SPRINGS FL Zip Code 33461

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] PAUL ROSEN 3-28-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN, PAUL 11576 PIERSON RD STE K-8 WELLINGTON, FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 965 MANOR DRIVE, STE 6 PALM SPRINGS, FL 33461
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] PAUL ROSEN 3-28-05 561-790-7453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #