2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _ (anta

DOCUMENT # P9900053609 1. Entity Name GUSTO OF STUART, INC.					Feb 23, 2004 08:00 AM Secretary of State	
Principal Plan	te of Business	Mailing Address			-	
301 N COLORADO AVE 301 N COLORADO AV			/F			
STUART FL 34996 STUART FL 34996					L STRUMEN HIS STEEL FRESH FROM BOME NAME AND A STREET WHILE AND A DAME OF THE STREET WHILE AND A DAME OF THE STREET WAS A STREET WHILE AND A DAME OF THE STREET WHITE	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc		Suite, Apt #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State	·-		4. FEI Number65-095.1411 Applied ForNot Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		N	7. Name and Address of New Registered Agent	
AMATO, GAETANO 2146 MIRACLE MILE PLAZA VERO BEACH FL 33460				Name		
				Street Address ((P.O. Box Number is Not Acceptable)	
				City	FL 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.						
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 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ D∈lete	nru	į į	☐ Change ☐ Addition	
NAME STREET ADDRESS	AMATO, GAETANO 5051 N A1A, 16-2		NAM	E ET ADDRESS	U00000062410 02/23/84-80121-808 150.00	
CITY - ST - ZIP	FT PIERCE FL 34949			-SI-ZIP	02/23/04-80121-008 150.00	
TITLE NAME	VD AMATO, VINCENT	☐ Delete	THL	l	☐ Change ☐ Addition	
STREET ADDRESS	5051 N A1A, 16-2			ET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	SD Delete 11		TITLE		☐ Change ☐ Addition	
NAME	· · · · · • · · · · · · · ·		MAM	·		
STREET ADDRESS CITY - ST- ZIP	1999 1111111111111111111111111111111111			ET ADDRESS -ST-ZIP		
TITLE	1111021234343	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME		□ ptitte	NAM		Citatige Maditibil	
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP			CITY	-ST-ZIP		
title Name		☐ Delete	TITLE	į.	☐ Change ☐ Addition	
STREET ADDRESS			NAM STRE	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME CORRETE ADDRESCO			NAME			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		
	Certify that the information supplied w	ith this filing does not avails for		I	potion 119 07/3Vi) Florida Statutan Further position that the information	
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.						

FILED