

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90002 015 ***550.00

DOCUMENT # P99000061169

1. Entity Name
GULFSTREAM MAILING & ADDRESSING CO., INC.



Principal Place of Business
6555 N. POWERLINE RD.
STE 408
FORT LAUDERDALE, FL 33309

Mailing Address
6555 N. POWERLINE RD.
STE 408
FORT LAUDERDALE, FL 33309



2. Principal Place of Business
6500 NW 12th Ave
Suite, Apt. #, etc.
Ste 104
City & State
FT. Lauderdale, FL
Zip
33309 Country
USA

3. Mailing Address
6500 NW 12th Ave
Suite, Apt. #, etc.
STE 104
City & State
FT. Lauderdale, FL
Zip
33309 Country
USA

07012004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0932253

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINSTON, ROBERT
6555 N. POWERLINE RD.
STE 408
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
Finston, Robert
Street Address (P.O. Box Number is Not Acceptable)
6500 NW 12th Ave
Ste. 104
City
FT. Lauderdale FL Zip Code
33309

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 Robert Finston DATE 7/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAPP, JOHN
6555 N. POWERLINE RD. STE 408
FORT LAUDERDALE, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Robert Finston DATE 9/8/04 DAYTIME PHONE # 954-489-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR