

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000061169

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



**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90232 034 ***150.00

Principal Place of Business
6500 NW 12TH AVE
STE 104
FORT LAUDERDALE, FL 33309

Mailing Address
6500 NW 12TH AVE
STE 104
FORT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008 Chg-P CR2E034 (12/06)

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
6500 NW 12TH AVE
STE 104
FORT LAUDERDALE, FL 33309

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 changing)

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

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
CABRERA, JUAN
6500 NW 12th Ave Ste 104
Fort Lauderdale, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Robert Finston* Robert Finston 4/29/08 954-489-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #