

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91043 014 \*\*\*150.00

**DOCUMENT # V46556**

1. Entity Name

**GASS ENTERPRISES, INC.**



Principal Place of Business

**17420 S.W. 22ND STREET  
MIRAMAR FL 33029**

Mailing Address

**17420 S.W. 22ND STREET  
MIRAMAR FL 33029**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**782 NW Le Jeune Rd**

Suite, Apt. #, etc.  
**629**

City & State

City & State  
**Miami, Florida**

Zip

Country

Zip  
**33126-5547**

Country  
**USA**

4. FEI Number  
**65-0345095**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, JULIA  
17420 S.W. 22ND STREET  
MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PST  
VILLAFANE, MARIELA E  
17420 S.W. 22ND STREET  
MIRAMAR FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
SOLANO, CARMINA  
17420 S.W. 22ND STREET  
MIRAMAR FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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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:** *Julia Gomez* **Julia GOMEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-04**

Date

**1-954-937-3069**

Daytime Phone #