

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004880

FILED
Mar 11, 2009
Secretary of State

Entity Name: WESTSHORE CAPITAL GPMM INC.

Current Principal Place of Business:

2665 S BAYSHORE DR
STE 800
MIAMI, FL 33133

New Principal Place of Business:

400 N. ASHLEY DRIVE
SUITE 2610
TAMPA, FL 33602

Current Mailing Address:

2665 S BAYSHORE DR
STE 800
MIAMI, FL 33133

New Mailing Address:

550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146

FEI Number: 20-5136086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MALIZIA, DAVID J
Address: RIVERGATE TWR, STE 2610 ; 400 N ASHLEY DR
City-St-Zip: TAMPA, FL 33602

Title: VC () Delete
Name: KRUSEN, ANDREW
Address: 712 S. OREGON AVE - STE 200
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: POWELL, EARL W
Address: 2665 S BAYSHORE DR - STE 800
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: GERSHMAN, DAVID
Address: 2665 S BAYSHORE DR - STE 800
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POWELL, EARL W
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change () Addition
Name: GERSHMAN, DAVID
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GERSHMAN

SCTY

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date