2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

NAME SANTA, GABOR RUSENSTRAAT 21 HAMME(O-VI) STREET ADDRESS CITY-ST-ZIP 9220 BELGIUM, CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT # P0300005633 1. Entity Name GS RESEARCH, INC.						05-04-2004	90133 029 ***15	50.00
Suite, Apt. #, etc. Suite, Apt. #, etc. O4302004 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Degined See Required 6. Name and Address of Current Registered Agent Name Address of New Registered Agent Name Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA Street Address of New Registered Agent Name CABC SH NTA N	4230 S MAC	DILL AVE STE K	4230 S MACDILL AVE STE K						
City & State Status Desired Sea, 155, Additional Foe Required Sea, 155, Additional Foe Required	2. Principal P	lace of Business	3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Degined S8.75 Additional Foo Required 6. Name and Address of Current Registered Agent JAMES, GEORGE R ESQ. 4230 S MACDILL AVE STE K TAMPA, FL 33611 Street Address (P.O. Box Number is Not Acceptable) ALT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS IT. OFFICERS AND DIRECTORS IT. Not Applicable Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33611 Not Applicable Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Name CABOR SANTA Name CABOR SANTA Street Address of New Registered Agent Name CABOR SANTA Name CABOR SA	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004	Chg-P	CR2E034 (10/03)		
Section Sect	City & State		City & State		4. FEI Number	11671	13 A		
Name CABOR SANTA	Zip	Country	Zip	Coun	try	 		□ \$8.75 Ad	ditional
JAMES, GEORGE R ESQ. 4230 S MACDILL AVE STE K TAMPA, FL 33611 Street Address (P.O. Box Number is Not Acceptable) 12.11 SOR R FNT D City WESTON FL Zp Code The obligations of registered agent. SIGNATURE GABOR SHUTH Signature lipear or printed name of registered agent and file if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE D SANTA, GABOR RUSENSTRAAT 21 HAMME(O-VI) SIRET ADDRESS CITY-ST-ZP TITLE Delete ITILE Delete ITILE Delete ITILE Delete TITLE D		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New I	Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE GABOR Signature, hyper or printed name of registered sport and fille if applicable. (NOTE: Registered Agent signature required when reinstating) PLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D SANTA, GABOR SIREIT ADDRESS CITY-ST-ZIP SIREIT ADDRESS CITY-ST-ZIP TITLE Delde T	JAMES, GEORGE R ESQ. 4230 S MACDILL AVE STE K TAMPA, FL 33611 Name GABOR SANTA Street Address (P.O. Box Number is Not Acceptable) 1211 SORRENTO DRIVE City 1205 Code							de 3 2 6	
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TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE CITY	E EET ADDRESS - ST-ZIP				Addition

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 ether like empowered.

SIGNATURE:

GABOR SAWTA

4/30/04

954-349 199

Daytime Phone #