


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90036 038 ***150.00

DOCUMENT # P04000079615

1. Entity Name
GMS FLORIDA INVEST, INC.



Principal Place of Business
**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

50027203



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number
54-2152021

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**TRANSGLOBAL CORPORATE ADMINISTRATION INC.
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name
Transglobal Corp. Administration LLC
 Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive
Suite 0-305
 City **Miami** FL Zip Code **33131**

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  DATE **3/7/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **SFEZ, GUY**
 STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **DIRECTOR, VICEPRESIDENT** Change Addition
 NAME **SFEZ, GUY**
 STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **JEAN SFEZ**
 STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

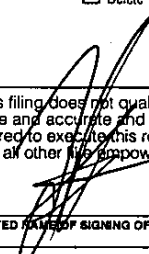
TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 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 ~~is~~ empowered.

SIGNATURE:  **JEAN SFEZ** Date **02/22/2005** Daytime Phone # **(305)-374.38.00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR