

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000058237

FILED
Apr 17, 2012
Secretary of State

Entity Name: GBI MASTER, INC.

Current Principal Place of Business:

% 1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

% 1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131

New Mailing Address:

FEI Number: 45-3303222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1000 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: CABELLO, JESUS ALBERTO
Address: 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: VPST
Name: CABELLO, CAROLINA
Address: 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: VPST
Name: CABELLO, ANABELLA
Address: 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: VPST
Name: CABELLO, MARIA C
Address: 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: D
Name: CABELLO, CAROLINA
Address: 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: D
Name: CABELLO, ANABELLA
Address: 1000 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: JESUS ALBERTO CABELLO

PSTD

04/17/2012

Electronic Signature of Signing Officer or Director

_____ Date