


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90222 048 ***150.00

DOCUMENT # P96000040146			
1. Entity Name GSM EQUITIES, INC.			
Principal Place of Business 6910 TULIPAN CT CORAL GABLES, FL 33143		Mailing Address 6910 TULIPAN CT CORAL GABLES, FL 33143	
2. Principal Place of Business 60 Edgewater Dr. Suite, Apt. #, etc. 16D		3. Mailing Address 60 Edgewater Dr. Suite, Apt. #, etc. 16D	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33133		Country	
4. FEI Number 65-0663417		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRRIEL, GISELA S 6910 TULIPAN CT CORAL GABLES, FL 33143		7. Name and Address of New Registered Agent Name: Birriel, Gisela S. Street Address (P.O. Box Number is Not Acceptable): 60-Edgewater Dr. Suite 16D City: Coral Gables FL Zip Code: 33133	
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: <i>Gisela Sanchez Medun Vice Pres.</i> DATE: 04/16/2004			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDS NAME: BIRRIEL, GISELA S STREET ADDRESS: 351 NW LE JEUNE RD., #406 CITY-ST-ZIP: MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE: DDS NAME: Birriel, Gisela S. STREET ADDRESS: 60 Edgewater Dr. Suite 16D CITY-ST-ZIP: Coral Gables, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: Vice Pres. NAME: Sanchez, Meduna Gisela STREET ADDRESS: 60 Edgewater Dr. Suite 16D CITY-ST-ZIP: Coral Gables, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gisela Sanchez Medun Vice Pres.</i>		DATE: 04/16/2004 (305) 262-2323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	