


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000069421</b> 1. Entity Name GSOMR MANAGEMENT CORP.	
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Principal Place of Business 2785 NE 183RD STREET AVENTURA, FL 33160	Mailing Address 2785 NE 183RD STREET AVENTURA, FL 33160
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0033973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K  
100 SE 2ND STREET 17TH FLOOR  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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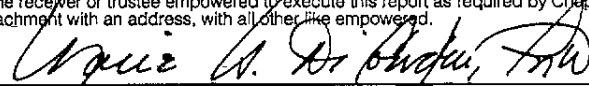
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DI COWDEN, MARIE A PH.D. 2785 NE 183RD STREET AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI COWDEN, MARK 2785 NE 183RD STREET AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/02/05-80025-010 150.00

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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:**  **4/15/05 305-932-8494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #