## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 27, 2008 08:00 A Secretary of State DOCUMENT # P03000069421 1. Entity Name GSOMR MANAGEMENT CORP. Principal Place of Business Mailing Address **2785 NE 183RD STREET 2785 NE 183RD STREET** AVENTURA, FL 33160 AVENTURA, FL 33160 CR2E034 (11/05) No Chg-P 02152008 DO NOT WRITE IN THIS SPACE Applied For 20-0033973 20-0053973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LICKSTEIN, FRED K DO NOT WRITE 1395 BRICKELL AVE 14TH FLOOR IN THIS SPACE MIAMI, FL 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 Fforida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 03/06/08-80053-022 150.00 10. OFFICERS AND DIRECTORS TITLE DICOWDEN, MARIE A PH.D. NAME STREET ADDRESS **2785 NE 183RD STREET** CITY-ST-ZIP AVENTURA, FL 33160 VPD TITLE DICOWDEN, MARK G NAME STREET ADDRESS **2785 NE 183RD STREET** AVENTURA, FL 33160 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Shapter 119, Florida Statutes. (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/Flexida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all owner like o

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #