

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 619707

1. Entity Name
GSS CORPORATION



Principal Place of Business

**6387 VIA ROSA
BOCA RATON, FL 33433 US**

Mailing Address

**6387 VIA ROSA
BOCA RATON, FL 33433 US**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1911721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SOSNER, ALAN
6387 VIA ROSA
BOCA RATON, FL 33433**

**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

Alan Sosner
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-05

**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

TITLE	P
NAME	SOSNER, RONALD
STREET ADDRESS	23209 VIA STEL
CITY-ST-ZIP	BOCA RATON, FL
TITLE	P
NAME	SOSNER, ALAN
STREET ADDRESS	6387 VIA ROSA
CITY-ST-ZIP	BOCA RATON, FL 33433

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04/26/05-80029-618 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Alan Sosner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05, 5613471390

Date

Daytime Phone #