

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002576

1. Entity Name
GS FINANCIAL NETWORK, INC.



Principal Place of Business
7903 CRESTDALE DRIVE
POTOMAC, MD 20854

Mailing Address
7903 CRESTDALE DRIVE
POTOMAC, MD 20854



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1990670

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREELY, JAY
1951 NW 19TH STREET, STE. 103
BOCA RATON, FL 33431

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
C SHAPIRO, GEORGE
7903 CRESTDALE DRIVE
POTOMAC, MD 20854

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GREELY, JAY
1951 NW 19TH STREET, STE. 103
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/22/05-800448-016 150.00

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:

George Shapiro **GEORGE SHAPIRO**

02/18/05

301-299-2688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #