## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # F03000002576**

1. Entity Name GS FINANCIAL NETWORK, INC.



**FILED** Feb 16, 2007 08:00 Al Secretary of State

Principal Place of Business

7903 CRESTDALE DRIVE POTOMAC, MD 20854

Mailing Address

7903 CRESTDALE DRIVE POTOMAC, MD 20854



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 52-1990670 Not Applicable 

5. Certificate of Status Desired

01302007

\$8.75 Additional Fee Required

CR2E034 (11/05)

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

## DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or reg	istered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	ed Agent signature re	quired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	1		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHAPIRO, GEORGE 7903 CRESTDALE DRIVE POTOMAC, MD 20854				U00000637361	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREELY, JAY 1951 NW 19TH STREET, STE. 103 BOCA RATON, FL 33431		j		02/26/07-80057-019 150.00°	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
TITLE NAME STREET ADDRESS			· .			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP