

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # F06000001346

1. Entity Name

G.S. GROUP MORTGAGE SERVICES INC.



Principal Place of Business

194 E WALLINGS RD
STE 202
BROADVIEW HEIGHTS, OH 44147

Mailing Address

194 E WALLINGS RD
STE 202
BROADVIEW HEIGHTS, OH 44147



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1903832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH L. BERNSTEIN P.A.
707 SE 3RD AVE
3RD FLOOR
FT LAUERDALE, FL 33316

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC
NAME FISHMAN, STEVEN
STREET ADDRESS 194 E WALLINGS RD - STE 202
CITY-ST-ZIP BROADVIEW HEIGHTS, OH 44147

TITLE VP
NAME FISHMAN, LELA
STREET ADDRESS 194 E WALLINGS RD - STE 202
CITY-ST-ZIP BROADVIEW HEIGHTS, OH 44147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000648157
03/06/07-80101-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

440-711-9600

Daytime Phone #