
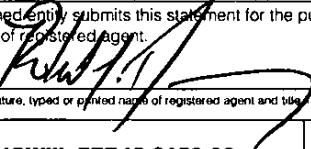
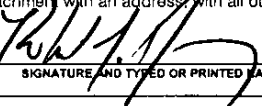


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90036 007 ***158.75

DOCUMENT # F06000004299			
1. Entity Name GSL USA CORPORATION			
Principal Place of Business 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134		Mailing Address 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 121 ALHAMBRA PLAZA		3. Mailing Address 121 ALHAMBRA PLAZA	
Suite, Apt. #, etc. SUITE 1400		Suite, Apt. #, etc. SUITE 1400	
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA	
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.
6. Name and Address of Current Registered Agent DOWNING, ROBERT J. 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ROBERT J. DOWNING Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA, SUITE 1400 City CORAL GABLES FL Zip Code 33134	
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 the registered agent. SIGNATURE  ROBERT J. DOWNING 7/3/07 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CISNEROS, ANDRES <input type="checkbox"/> Delete 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CISNEROS, ANDRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES, FLORIDA 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CISNEROS, EDUARDO <input type="checkbox"/> Delete 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CISNEROS, EDUARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES, FLORIDA 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		ROBERT J. DOWNING AUTHORIZED REPRESENTATIVE 7/3/07 305-442-3412 <small>Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR Date Daytime Phone #</small>	

40126394



07032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5055622 Applied For
Not Applicable

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