


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F20749 1. Entity Name GBS NORTH MIAMI BEACH, INC.	
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Principal Place of Business 18545 W. DIXIE HWY N. MIAMI BCH, FL 33180	Mailing Address 117 NW 9TH TERR HALLANDALE, FL 33009
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04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2121532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOUDISS, MORTON R.
1111 LINCOLN RD MALL, #680
325
MIAMI BEACH, FL 33139

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VSD BERN, KENNETH S 117 NW 9TH TERR HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERN, MARLA 117 NW 9TH TERR HALLANDALE, FL 33009
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 04/25/05-80028-008 150.00

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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: Kenneth Bern Date: 4/20/05 Daytime Phone #: 954 466 2988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.