
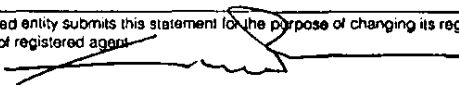
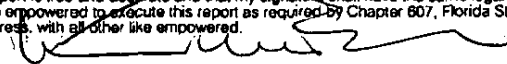


FILED
Apr 14, 2008 8:00 am
Secretary of State

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03-12-2008 90030 008 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F20749		
1. Entity Name GBS NORTH MIAMI BEACH, INC.		
Principal Place of Business 18545 W. DIXIE HWY N. MIAMI BCH, FL 33180		Mailing Address 117 NW 9TH TERR HALLANDALE, FL 33009
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOUDISS, MORTON R. 1111 LINCOLN RD MALL, #680 325 MIAMI BEACH, FL 33139		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:  <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: _____ Daytime Phone: _____		

66006589



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2121532

Applied For
Not Applicable

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