

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K98840

Entity Name
GNS IN A FLASH, INC.



Principal Place of Business
**166 SE 10TH AVENUE
LAUDERDALE, FL 33316**

Mailing Address
**1666 SE 10TH AVENUE
FT. LAUDERDALE, FL 33316**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0128175

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**NOBEL, PAMELA
166 SE 10TH AVENUE
LAUDERDALE, FL 33316**

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IN THIS SPACE**

I/We 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000398139
01/30/06-80062-021 150.00**

OFFICERS AND DIRECTORS

NAME	P
LAST ADDRESS	LAZZARINO, ROCCO
ST-ZIP	1666 SE 10TH AVENUE FT. LAUDERDALE, FL
NAME	STD
LAST ADDRESS	NOBEL, PAMELA
ST-ZIP	1666 SE 10TH AVENUE FT. LAUDERDALE, FL
NAME	
LAST ADDRESS	
ST-ZIP	
NAME	
LAST ADDRESS	
ST-ZIP	
NAME	
LAST ADDRESS	
ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/20/2006

Date

954.764.7446

Daytime Phone #