

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M43929

1. Entity Name
GSD, INC.



Principal Place of Business

C/O VASILIOS BIRLIDIS
13865 S DIXIE HWY
MIAMI, FL 33176-7221

Mailing Address

C/O VASILIOS BIRLIDIS
13865 S DIXIE HWY
MIAMI, FL 33176-7221

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2760593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRLIDIS, VASILIOS
13865 S DIXIE HWY
MIAMI, FL

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000101319
04/02/04-80007-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BIRLIDIS, VASILIOS
STREET ADDRESS 13865 S DIXIE HWY
CITY-ST-ZIP MIAMI, FL

TITLE STD
NAME BIRLIDIS, RITA
STREET ADDRESS 13865 S DIXIE HWY
CITY-ST-ZIP MIAMI, FL

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

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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)(b), 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:

Vasilios Birlidis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #