2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State

1. Entity Name GSD, INC.				
Principal Place of Business C/O VASILIOS BIRLIDIS 13865 S DIXIE HWY MIAMI, FL 33176-7221		lailing Address C/O VASILIOS BIRLIDIS 13865 S DIXIE HWY MIAMI, FL 33176-7221		E AUGUSTEIN HIT EINEGE HINGE FRANC RECHE WETH WOOD GEREN WARR BUNN KANTA DUGNERFR AN VERK
DO NOT WRITE IN THIS SPACE				02242005 No Chg-P CR2E034 (10/03) 4. FEI Number
BIRLIDIS, VA 13865 S DIX MIAMI, FL	IE HWY		_	DO NOT WRITE IN THIS SPACE
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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE (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 03/21/05-80011-015 150.00 ded to Fees
NAME B STREET ADDRESS 1. CITY-ST-ZIP N THILE S NAME B STREET ADDRESS 1.	OFFICERS AND DIRE DIRECTOR OFFICERS AND DIRE BIRLIDIS, VASILIOS 3865 S DIXIE HWY MAMI, FL TID BIRLIDIS, RITA 3865 S DIXIE HWY MAMI, FL	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE	
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description of the certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes as if made under calls that I am an officer or director of the section 119.07(3)(i), Florida Statutes as if made under calls that I am an officer or director of the section 119.07(3)(i), Florida Statutes as if made under calls that I am an officer or director of the section 119.07(3)(i),				

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