

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2006
Secretary of State**

DOCUMENT# M43929

Entity Name: GSD, INC.

Current Principal Place of Business:

C/O VASILIOS BIRLIDIS
13865 S DIXIE HWY
MIAMI, FL 331767221

New Principal Place of Business:

Current Mailing Address:

C/O VASILIOS BIRLIDIS
13865 S DIXIE HWY
MIAMI, FL 331767221

New Mailing Address:

FEI Number: 59-2760593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRLIDIS, VASILIOS
13865 S DIXIE HWY
MIAMI, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIRLIDIS, VASILIOS,
Address: 13865 S DIXIE HWY
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: BIRLIDIS, RITA,
Address: 13865 S DIXIE HWY
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA BIRLIDIS

STD

07/03/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date