## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M43929 1. Entity Name

**FILED** Mar 29, 2007 08:00 A Secretary of State

GSD, INC	<b>)</b> .					
Principal Plac C/O VASILIOS 13865 S DIX MIAMI, FL 3	S BIRLIDIS IE HWY	lailing Address C/O VASILIOS BIRLIDIS 13865 S DIXIE HWY MAMI, FL 33176-7221	-			
DO NOT WRITE IN THIS SPAC				03202007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 59-2760593 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			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.  Signature, typed or printed name of registered agent and title		d office or register		n, in the State of Florida. I am familiar with, and accept	ŧ
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.		00 May Be ed to Fees		-
10.  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS AND DIRE PD BIRLIDIS, VASILIOS 13865 S DIXIE HWY MIAMI, FL STD BIRLIDIS, RITA 13865 S DIXIE HWY MIAMI, FL	CTORS		<b>DO</b>	im0000682140 u4/04/07-80073-016 150.00	- I
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP					NOT WRITE HIS SPACE	***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
	partifu that the information eumniled with this f	iling rions not misslift for the ever	motione contained	in Chanter 110	Florida Statutes 1 further cedity that the information	ᅱ

I hereby certify that the information supplied with this filling 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 cath; 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:

MASILIOS BIRLIDIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR