


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 28, 2008 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
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2760593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$180.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRLIDIS, VASILIOS 13865 S DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIRLIDIS, RITA 13865 S DIXIE HWY MIAMI, FL
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03/11/08-80015-003 150.00

12. 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: *Rita Birlidis* *Rita Birlidis* Date: *2/25/08* *233-0208*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #