

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000009640

1. Entity Name
G.B.S., INC.



Principal Place of Business
2730 SW 3RD AVENUE SUITE 500
MIAMI, FL 33129

Mailing Address
2730 SW 3RD AVENUE SUITE 500
MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2213048	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

PORTILLO, EDUARDO
2730 SW 3RD AVENUE SUITE 500
MIAMI, FL 33129

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREUND, WILLIAM
STREET ADDRESS	2730 SW 3RD AVENUE SUITE 500
CITY-ST-ZIP	MIAMI, FL 33129

TITLE	D
NAME	FREUND, ENRIQUE
STREET ADDRESS	2730 SW 3RD AVENUE SUITE 500
CITY-ST-ZIP	MIAMI, FL 33129

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

William C. Freund

01/28/2005

305 860 0102

Date

Daytime Phone #