



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000022758		
1. Entity Name GBS FORT LAUDERDALE, INC.		
Principal Place of Business 117 NW 9 TERRACE HALLANDALE, FL 33009	Mailing Address 117 NW 9 TERRACE HALLANDALE, FL 33009	
DO NOT WRITE IN THIS SPACE		 06132007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3655512		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOUDISS, MORTON R ESQ. 1111 LINCOLN ROAD #325 MIAMI BEACH, FL 33139		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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE U00000766452 06/20/07-80001-011 150.00
NAME	BERN, KENNETH	
STREET ADDRESS	117 NW 9TH TERRACE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VP	
NAME	BERN, MARLA	
STREET ADDRESS	117 NW 9TH TERRACE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		
NAME		
STREET ADDRESS		
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> _____ <small>Daytime Phone #</small> _____