


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000083037 1. Entity Name GBS SOUTH BEACH, INC.	
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Principal Place of Business 117 N.W. 9TH TERRACE HALLANDALE, FL 33009	Mailing Address 117 N.W. 9TH TERRACE HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1060080	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOUDISS, MORTON R ESQ. 1111 LINCOLN ROAD SUITE 325 MIAMI BEACH, FL 33139	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERN, KENNETH 117 NW 9TH TERR HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BERN, MARLA 117 NW 9TH TERR HALLANDALE, FL 33009
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04/25/05-80126-015 150.00

**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)(i), 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: 	Kenneth Bern 4/26/05 954 456 2988
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>