



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000083037			
1. Entity Name GBS SOUTH BEACH, INC.			
Principal Place of Business 117 N.W. 9TH TERRACE HALLANDALE, FL 33009		Mailing Address 117 N.W. 9TH TERRACE HALLANDALE, FL 33009	
DO NOT WRITE IN THIS SPACE			
		06132007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1060080	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 GOUDISS, MORTON R ESQ. 1111 LINCOLN ROAD SUITE 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)</small>		DATE _____	
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 U000000766454 06/20/07-80001-013 150.00	
NAME	BERN, KENNETH		
STREET ADDRESS	117 NW 9TH TERR		
CITY-ST-ZIP	HALLANDALE, FL 33009		
TITLE	V		
NAME	BERN, MARLA		
STREET ADDRESS	117 NW 9TH TERR		
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>		Date _____ <small>Daytime Phone # _____</small>	