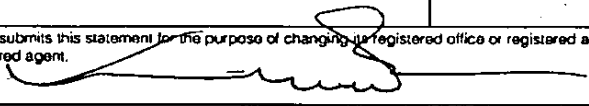


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/

FILED
Apr 14, 2008 8:00 am
Secretary of State

03-24-2008 90044 045 ***150.00

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		
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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66006595



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1060080	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**