2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** May 01, 2006 08:00 Al **DOCUMENT # P01000017898** Secretary of State 1. Entity Name GSF MANAGEMENT, INC. Mailing Address Principal Place of Business 350 POINCIANA DRIVE **350 POINCIANA DRIVE** FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1078313 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R DO NOT WRITE 4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR IN THIS SPACE FORT LAUDERDALE, FL 33308 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.

Flection Compaign Financing

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Trust Fund Contribution.	
10.	OFFICERS AND DIRECT	CTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FEISS, GREGORY S 350 POINCIANA DRIVE FORT LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

Signature, typed or printed name of registered agent and title if applicable.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP MLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

DATE

U00000546436 05/11/06-80102-024 150.00

Not Applicable

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.

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Added to Fees

SIGNATURE: GACGOM FERS	4/20/0	16	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	