2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P02000068575

Entity Name: GDL FINANCIAL SERVICES, INC.

Current Principal Place of Business:

14807 SW 91 TERRACE
MIAMI, FL 33196

New Principal Place of Business:

14629 SW 104 STREET SUITE 477
MIAMI, FL 33186

Current Mailing Address:

14629 SW 104 STREET
MIAMI, FL 33186

New Mailing Address:

14629 SW 104 STREET SUITE 477
MIAMI, FL 33186

FEI Number: 47-0872351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOM, DEBBIE L
14807 SW 91 TERRACE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

LOM, DEBBIE L
9711 HAMMOCKS BLVD #104
MIAMI, FL 33196 US

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.

SIGNATURE: DEBBIE L. LOM 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOM, DEBBIE
Address: 14807 SW 91 TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: P ( ) Delete
Name: BAUTISTA, VIDES
Address: 14807 SW 91 TERRACE
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOM, DEBBIE L
Address: 9711 HAMMOCKS BLVD #104
City-St-Zip: MIAMI, FL 33196 US

Title: P (X) Change ( ) Addition
Name: BAUTISTA, VIDES
Address: 9711 HAMMOCKS BLVD #104
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE L. L OM P 05/01/2009
Electronic Signature of Signing Officer or Director Date