## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000071170

City-St-Zip:

BOYNTON BEACH, FL 33437

Entity Name: GSMD ENTERPRISE, INC.

FILED May 05, 2005 Secretary of State

Littly Nai	ille. Golvid E	NTERFRISE, INC.			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
150 S HOLLYBROOK TERR BLD 47 APT 106 PEMBROKE PINES, FL 33025			SUITE 101	3951 N. HAVERHILL RD. SUITE 101 WEST PALM BERACH, FL 33417	
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
150 S HOLLYBROOK TERR BLD 47 APT 106 PEMBROKE PINES, FL 33025			APT 2	5872 FOREST GROVE DR. APT 2 BOYNTON BEACH, FL 33437	
FEI Number: 52-2368815 FEI Number Applied For ( )			FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
MILLER-DERBLICH, GAYLE S 150 S HOLLYBROOK TERR BLD 47 APT 106 PEMBROKE PINES, FL 33025 US			5872 FOREST GR APT. 2	MILLER-DERBLICH, GAYLE S 5872 FOREST GROVE DR. APT. 2 BOYNTON BEACH, FL 33437 US	
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				05/05/2005	
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MILLER-DERB 5872 FOREST	) Delete LICH, GAYLE S GROVE DR. APT 2 ACH, FL 33437	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MILLER-DERB 5872 FOREST	) Delete LICH, GAYLE S GROVE DR. APT 2 ACH, FL 33437	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DERBLICH, JC	) Delete DEL GROVE DR. APT. 2	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: JOEL DERBLICH DST 05/05/2005