2008 FOR PROFIT CORPORATION

Sep 03, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000036214 09-03-2008 90005 043 ***150 00 1. Entity Name GSB INTERNATIONAL ADVISORS, INC Principal Place of Business Mailing Address 40115058 370 GOLFVIEW DRIVE 370 GOLFVIEW DRIVE WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 527 Yalermo 1527 Yalermo Suite, Apt. #, etc Suite, Apt. #, etc. 08292008 Chq-P CR2E034 (12/06) 4. FEI Numsber Applied For Fl 04-3764947 Not Applicable \$8.75 Additional 5. Certificaste of Status Dessired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BAUTISTA, GLADYS S** Street Address (P.O. Box Number is Not Acceptable) 370 GOLFVIEW DRIVE WESTON, FL 33326 Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME BAUTISTA, GLADYS S 1527 Palermo Drive 370 GOLFVIEW DRIVE STREET ADDRESS STREET ADORESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Neston, FL. 33327 Change ☐ Delete TITLE Addition TITLE NAME HERNANDEZ, EDGAR NAME STREET ADORESS 370 GOLFVIEW DRIVE STREET ADDRESS CITY+ST-ZIP WESTON, FL 33326 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 1101.6 ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-7(P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 1-19. Florida Statutes. I further certify that the information indicated on this report or supplied in the information indicated on this report or supplied in the information of the corporation or the receiver of 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: 5

G OFFICER OR DIRECTOR

FILED

ATTACHMENT

Weston, Fl. 8.29.08. #P03000036214

DEPARTMENT OF State Division of Coeparation.

Please, find enclosed the 2008-Annual Report filing with the new Address. Also a check for \$150,00 (our Accountant already Ask you for an extention for this matter). We total did not found the original paper work that the gave us 3 months ago.

If you have any questions, please contact Edgar Hernandez at 786 \$6831422. Thank you For your Cooperation.

Colodys Bautista. President.