

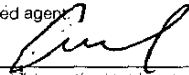
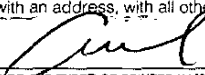


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90701 005 ***150.00

DOCUMENT # P03000070461 1. Entity Name GSV INTERNATIONAL, INC.					
Principal Place of Business 17405 NW 75TH PL #106 MIAMI LAKES, FL 33015			Mailing Address 17405 NW 75TH PL #106 MIAMI LAKES, FL 33015		
2. Principal Place of Business 4995 NW 72nd Av Suite, Apt. #, etc. Suite 205 City & State Miami, FL Zip 33166		3. Mailing Address 13900 Lake Placid Ct Suite, Apt. #, etc. A33 City & State Miami Lakes, FL Zip 33014			
4. FEI Number 56-2372977		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VERGARA, GLORIA S 17405 NW 75TH PL #106 MIAMI LAKES, FL 33015			7. Name and Address of New Registered Agent Name Vergara, Gloria S Street Address (P.O. Box Number is Not Acceptable) 13900 Lake Placid Ct A33 City Miami Lakes		
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, typed or printed name of registered agent and title if applicable. Gloria S. Vergara		
SIGNATURE: 			DATE: 04/30/2004		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERGARA, GLORIA S 17405 NW 75TH PL #106 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERGARA, GLORIA S 13900 LAKE PLACID CT A33 MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE:  Gloria S. Vergara					
DATE: 04/30/04					
Daytime Phone #: 786-2628042					