

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90036 038 \*\*\*150.00

<b>DOCUMENT # P04000079615</b> 1. Entity Name <b>GMS FLORIDA INVEST, INC.</b>					
Principal Place of Business <b>520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>			Mailing Address <b>520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>54-2152021</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRANSGLOBAL CORPORATE ADMINISTRATION INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Transglobal Corp. Administration LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Drive</b> <b>Suite 0-305</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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                       DATE <b>3/7/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SFEZ, GUY 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICEPRESIDENT SFEZ, GUY 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT JEAN SFEZ 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 <del>not</del> empowered.					
SIGNATURE: <b>JEAN SFEZ</b> <b>02/22/2005</b> <b>(305)-374.38.00</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					

**50027203**



01052005    Chg-P    CR2E034 (10/03)