

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90393 001 \*\*\*150.00

<b>DOCUMENT # P04000137943</b>					
<b>1. Entity Name</b> GS 3605/3308, INC.					
<b>Principal Place of Business</b> C/O BORIS ROSEN, CPA 150 S.E. 2ND AVENUE, SUITE 1200 MIAMI, FL 33131			<b>Mailing Address</b> C/O BORIS ROSEN, CPA 150 S.E. 2ND AVENUE, SUITE 1200 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> <b>1001 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. <b>1400</b>		<b>3. Mailing Address</b> <b>1001 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. <b>1400</b>		40075400    04192006    Chg-P    CR2E034 (11/05)	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		<b>4. FEI Number</b> 20-1772123	
Zip <b>33131</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MULLIN, TERRANCE J 150 SE 2ND AVENUE SUITE 1201 MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b> Name <b>ROSEN, BORIS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1001 BRICKELL BAY DRIVE STE 1400</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>	
<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.</b>  SIGNATURE:     DATE: <u>4-24-06</u> <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</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUILLAMOT, ANDRES 150 SE 2ND AVENUE SUITE 1200 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUILLAMOT, ANDRES 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>		<b>ANDRES GUILLAMOT</b>		<b>4/24/06</b> <b>305 374-2001</b> <small>Date    Daytime Phone #</small>	