2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 08:00 AM Secretary of State

DOCU	MENT	# P0	4000	13794	13
レレレロ	VI I VI I	$m \cup v$	7000	1010-	$r \cdot r$

1. Entity Name GS 3605/3308, INC.



Principal Place of Business

Mailing Address

1001 BRICKELL BAY DR

MIAMI, FL 33131

1001 BRICKELL BAY DR

1400

MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sample Required Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS 1001 BRICKELL BAY DR STE 1400 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

				111	I III3 SPACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	f appacable. (NOTE: Registered	í Agent signature	required when reinstaling)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	PST GUILLAMOT, ANDRES 1001 BRICKELL BAY DR STE 1400 MIAMI, FL 33131				U00000633869
NAME STREET ADDRESS CITY-ST-ZIP					02/21/07-80079-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		42			

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ANDRES GUILLAMOT

Fe 6. 05, 2007

Date Daytime Pho