2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P04000140902

Entity Name: GS PROFESSIONAL SOLUTIONS, INC.

Current Principal Place of Business:

16300 NE 19TH AVENUE
SUITE C
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

2020 NE 163 STREET
SUITE 300D
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16300 NE 19TH AVENUE
SUITE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

2020 NE 163 STREET
SUITE 300D
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-1755980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIMENEZ, GLADYS
16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

GIMENEZ, GLADYS
2020 NE 163 STREET
STE 300D
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: GLADYS GIMENEZ 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIMENEZ, GLADYS
Address: 11737 ROYAL CASTLE CT
City-St-Zip: CHARLOTTE, NC 28277

Title: VP ( ) Delete
Name: SILVA, FERNANDO
Address: 16300 NE 19 AVENUE SUITE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SILVA, FERNANDO
Address: 2020 NE 163 STREET STE 300D
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS GIMENEZ PD 04/29/2008
Electronic Signature of Signing Officer or Director Date