


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90052 046 \*\*\*150.00

<b>DOCUMENT # P04000152085</b> 1. Entity Name <b>GSA ASSOCIATES, INC.</b>					
Principal Place of Business <b>3806 SW 137 AVE. MIAMI, FL 33175</b>			Mailing Address <b>3806 SW 137 AVE. MIAMI, FL 33175</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1847273</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARISTIZABAL, SANDRA P 3806 SW 137 AVE. MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>				9. Election of 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	P <input type="checkbox"/> <small>Change</small> <b>MUNOZ, GLORIA B 3806 SW 137 AVE. MIAMI, FL 33175</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Delete</small>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Change</small>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Delete</small>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Delete</small>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date Daytime Phone #					

40029229



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