2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 02, 2008
Secretary of State

DOCUMENT# P05000005366

Entity Name: GUS TRUSS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

C/O GUS STROMBACK
9019 BALCONIES CLUB DRIVE
AUSTIN, TX 78750

New Principal Place of Business:

C/O LINDA CHONTOS
2234 N. FEDERAL HWY #444
BOCA RATON, FL 33431

Current Mailing Address:

C/O GUS STROMBACK
9019 BALCONIES CLUB DRIVE
AUSTIN, TX 78750

New Mailing Address:

C/O LINDA CHONTOS
2234 N. FEDERAL HWY #444
BOCA RATON, FL 33431

FEI Number: 20-2303360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILBERKLEIT, WARREN B
24344 WESTGATE BLVD.
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHONTOS, LINDA
Address: 461 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: VS ( ) Delete
Name: STROMBACK, ERIC
Address: 9019 BALCONIES CLUB DRIVE
City-St-Zip: AUSTIN, TX 78750

Title: VS (X) Delete
Name: STROMBACK, GUSTAV
Address: 9019 BALCONES CLUB DRIVE
City-St-Zip: AUSTIN, TX 78750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change ( ) Addition
Name: STROMBACK, ERIC
Address: C/O 9019 BALCONIES CLUB DRIVE
City-St-Zip: AUSTIN, TX 78750

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

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: LINDA CHONTOS PRES 06/02/2008

Electronic Signature of Signing Officer or Director — Date