


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90002 031 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                     |                                                                                                                                                                                                |                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000013111</b><br>1. Entity Name<br><b>G.S.B. INTERNATIONAL INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                     |                                                                                                                                                                                                |                                                   |  |
| Principal Place of Business<br><b>490 S. ATLANTIC AVE<br/>ORMOND BEACH, FL 32176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                     | Mailing Address<br><b>490 S. ATLANTIC AVE<br/>ORMOND BEACH, FL 32176</b>                                                                                                                       |                                                                                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 3. Mailing Address                                                                  |                                                                                                                                                                                                |                                                                                                                                    |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                |                                                                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | City & State                                                                        |                                                                                                                                                                                                |                                                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                            | Zip                                                                                 | Country                                                                                                                                                                                        | 4. FEI Number<br><b>22-2222259</b>                                                                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                     |                                                                                                                                                                                                | <b>\$8.75 Additional Fee Required</b>                                                                                              |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                                    |                                                                                                                                    |  |
| <b>BENZAKEN, ITSHAK<br/>490 S. ATLANTIC AVE.<br/>ORMOND BEACH, FL 32176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                     | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                    |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>                                                                                                                                                                                                                       |                                    |                                                                                     |                                                                                                                                                                                                |                                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                          |                                                                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P <input type="checkbox"/> Delete  | TITLE                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |                                                                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>BEHORE, SHLOMI</b>              | NAME                                                                                |                                                                                                                                                                                                |                                                                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>490 S. ATLANTIC AVE</b>         | STREET ADDRESS                                                                      |                                                                                                                                                                                                |                                                                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>ORMOND BEACH, FL 32176</b>      | CITY-ST-ZIP                                                                         |                                                                                                                                                                                                |                                                                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP <input type="checkbox"/> Delete | TITLE                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |                                                                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ITSHAK, BENZAKEN</b>            | NAME                                                                                |                                                                                                                                                                                                |                                                                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>490 S. ATLANTIC AVE.</b>        | STREET ADDRESS                                                                      |                                                                                                                                                                                                |                                                                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>ORMOND BEACH, FL 32176</b>      | CITY-ST-ZIP                                                                         |                                                                                                                                                                                                |                                                                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    | TITLE                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |                                                                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NAME                                                                                |                                                                                                                                                                                                |                                                                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | STREET ADDRESS                                                                      |                                                                                                                                                                                                |                                                                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | CITY-ST-ZIP                                                                         |                                                                                                                                                                                                |                                                                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    | TITLE                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |                                                                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NAME                                                                                |                                                                                                                                                                                                |                                                                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | STREET ADDRESS                                                                      |                                                                                                                                                                                                |                                                                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | CITY-ST-ZIP                                                                         |                                                                                                                                                                                                |                                                                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    | TITLE                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |                                                                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NAME                                                                                |                                                                                                                                                                                                |                                                                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | STREET ADDRESS                                                                      |                                                                                                                                                                                                |                                                                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | CITY-ST-ZIP                                                                         |                                                                                                                                                                                                |                                                                                                                                    |  |
| 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>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                     |                                                                                                                                                                                                |                                                                                                                                    |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                     |                                                                                                                                                                                                |                                                                                                                                    |  |
| <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                     |                                                                                                                                                                                                | <small>Daytime Phone #</small>                                                                                                     |  |