

ADDRESS CHANGE 2007 FOR PROFIT CORPORATION to below in #10 REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 16 AM 11:38

DOCUMENT # P06000109921 1. Entity Name GDA CONSULTING INC.					
Principal Place of Business 14110 LEANING PINE DR. MIAMI LAKES, FL 33014			Mailing Address 14110 LEANING PINE DR. MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # 15201 Loch Isle Dr West Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
State Miami Lakes FL		City & State MIAMI LAKES FL		4. FEI Number 11132007 REIN-P CR2E098 (1/07)	
Country 33014		Zip 33014		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIAN PRZYSTUP & ASSOCIATES LLC 1881 WASHINGTON AVE. 12-E MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Brian Przystup</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P/D DE ANGELIS, GIUSEPPE ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 15201 LOCH ISLE DR. WEST MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600112351936 11/16/07--01005--011 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 <u><i>Giuseppe De Angelis</i></u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 11/13/07 305 607 3781		