## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000055185

Entity Name: G A SOLUTIONS, INC

FILED Apr 30, 2009 Secretary of State

Littly Nai	ille. GASOL	OTIONS, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	IVA CIRCLE E, FL 34741				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	IVA CIRCLE E, FL 34741				
FEI Number	: 26-0138524	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
10381 PAF	D, GIUSEPPE RK COMMONS D, FL 32832	S DRIVE US	ESTRADA, ALEXIS 683 CAPTIVA CIRCLE KISSIMMEE, FL 34741	US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: ALEXIS E	ESTRADA		04/30/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ESTRADA, ALE 683 CAPTIVA ( KISSIMMEE, F	CIR	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( DE ESTRADA, 683 CAPTIVA ( KISSIMMEE, F	CIR	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S ( ESTRADA, ANI 683 CAPTIVA ( KISSIMMEE, F	CIR	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	P (X MARZANO, GIL	i) Delete JSEPPE	Title: ( Name:	) Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ALEXIS ESTRADA P 04/30/2009

10381 PARK COMMONS DRIVE

ORLANDO, FL 32832

Address:

City-St-Zip: