

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000088894

FILED
Apr 30, 2011
Secretary of State

Entity Name: GCS IDEAS, CORP.

Current Principal Place of Business:

23446 SERENE MEADOW DRIVE S
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

23446 SERENE MEADOW DRIVE S
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 27-3842016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HIGHWAY
SECOND FLOOR
DEERFIELD BEACH, FL 33441 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: PD
Name: SCERB, GREGORY M
Address: 23446 SERENE MEADOW DRIVE S
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: BUYLLA, JUAN G
Address: 23446 SERENE MEADOW DRIVE S
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: DIAZ MUCHARRAZ, OLGA L
Address: 23446 SERENE MEADOW DRIVE S
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: CAMARGO LOPEZ, ARTURO T
Address: 23446 SERENE MEADOW DRIVE S
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: BUYLLA, ELINORA G
Address: 23446 SERENE MEADOW DRIVE S
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: MARTINEZ, JUAN G
Address: 23446 SERENE MEADOW DRIVE S
City-St-Zip: BOCA RATON, FL 33428

I hereby 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 all other like empowered.

SIGNATURE: GREGORY M SCERB

PD

04/30/2011

Electronic Signature of Signing Officer or Director

_____ Date