2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011469

Entity Name: GY CORPORATE SERVICES, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131				2 S. BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131			
Current Mailing Address:				New Mailing Address:			
2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131				2 S. BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131			
FEI Number	: 65-0475120	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status D	esired ()
Name and	l Address of (Current Registered Agent:		Name and	Address of	New Registered Age	nt:
2 S. BISCA MIAMI, FL	STER, YOAKLI AYNE BLVD., 8 33131 US	SUITE 3400					
The above in the State	e named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered	office or registered ag	ent, or both,
SIGNATUI	RE:						
	Electron	nic Signature of Registered Ag	ent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	MITRIONE, MIC	BLVD., SUITE 3400		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SCHEER, MAR	BLVD., SUITE 3400		Title: Name: Address: City-St-Zip:	SCHEER, MA	E BLVD., SUITE 3400	
Title: Name: Address: City-St-Zip:	VAZQUEZ-BÈL) Delete LO, CLEMENTE E BLVD., SUITE 3400 31		Title: Name: Address: City-St-Zip:	VAZQUEZ-BE	X) Change () Addition LLO, CLEMENTE IE BLVD., SUITE 3400 131	
Title: Name: Address: City-St-Zip:	HART, KENNE	BLVD., SUITE 3400		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SCHEER, MAR	BLVD., SUITE 3400		Title: Name: Address: City-St-Zip:	VOGELSANG	E BLVD., SUITE 3400	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	MILLER, RAY	IE BLVD., SUITE 3400	

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: MARK J. SCHEER DPST 02/12/2009