


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90423 018 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000042415		
1. Entity Name GSG LENCK CORPORATION		
Principal Place of Business C/O MARVIN S. ROSEN 222 LAKEVIEW AVENUE #800 WEST PALM BEACH, FL 33401 US		Mailing Address C/O MARVIN S. ROSEN 222 LAKEVIEW AVENUE #800 WEST PALM BEACH, FL 33401 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS EGIDI, DENNIS 222 LAKEVIEW AVE., STE 800 WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOCKER, DAVID E 222 LAKEVIEW AVE., STE 800 WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, RICHARD K 255 RALSTON AVENUE SOUTH SAN FRANCISCO, CA 94080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <u>CYNTHIA BAXTER</u>		4/28/06 863092792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Day Daytime Phone #