


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90005 016 ***158.75

DOCUMENT # P97000018712	
1. Entity Name GSII CORPORATION	

Principal Place of Business 111 N. POMPANO BEACH 1707 POMPANO BEACH, FL 33062	Mailing Address 111 N. POMPANO BEACH 1707 POMPANO BEACH, FL 33062
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2. Principal Place of Business 6101 PALM TRACE DR.		3. Mailing Address	
Suite, Apt. #, etc. APT. 106		Suite, Apt. #, etc. SAME	
City & State DAVIE		City & State	
Zip FL	Country USA	Zip 33314	Country



01122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0731707	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARADISO, DON A 111 N. POMPANO BEACH BLVD 1707 POMPANO BEACH, FL 33062	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2401 E. ATLANTIC BLVD #314 City POMPANO BEACH FL 33062	
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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>Don A. Paradiso</u> DATE: <u>01-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARADISO, DON A 111 N. POMPANO BEACH BLVD POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6101 PALM TRACE DRIVE #106 DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Don A. Paradiso PRES.</u>	Date: <u>01-14-04</u> Daytime Phone #: <u>954-782-5006</u>