


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90180 028 ***150.00

DOCUMENT # P97000071457

1. Entity Name
GSA INTERNATIONAL, CORP.



Principal Place of Business Mailing Address

7601 E TREASURE DR. APT 1021 **7225 NW 25 ST STE 300**
MIAMI, FL 33135 **MIAMI, FL 33122**

14020173



2. Principal Place of Business 3. Mailing Address

7225 NW 25 ST **7225 NW**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
300 **300**

02072004 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI FLORIDA **MIAMI FLORIDA**

Zip Country Zip Country

33122 USA **33122 USA**

4. FEI Number Applied For

65-0790305 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAMONDINI, SERGIO
350-20TH ST APT #16
MIAMI BEACH, FL 33141

NOT

7601 E. TREASURE DR. APT #1020
NORTH BAY VILLAGE FL. 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	RAMONDINI, SERGIO	
STREET ADDRESS	7601 E TREASURE DR. APT 1021	
CITY- ST- ZIP	KEY BISCAZYNE, FL 33149	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	RAMONDINI, SERGIO	
STREET ADDRESS	7601 E. TREASURE DR APT 1020	
CITY- ST- ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 reports filed in accordance with this report 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 file 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 necessary empowerment.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #