


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 036 ***150.00

DOCUMENT # P97000071457
1. Entity Name
GSA INTERNATIONAL, CORP.



DO NOT WRITE IN THIS SPACE

40105119

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| | | | |
|--|----------------|---|---------|
| 2. Principal Place of Business 7570 NW 14 ST Suite, Apt. #, etc. 112 City & State MIAMI | | 3. Mailing Address Suite, Apt. #, etc. City & State | |
| Zip 33126 -- | Country USA | Zip | Country |

| | |
|-----------------------------|--|
| 4. FEI Number 65-0790305 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

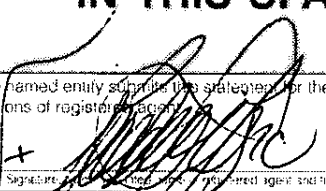
| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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7. Name and Address of Current Registered Agent

Name SERGIO RAMONDINI
Street Address (P.O. Box Number is Not Acceptable)
7570 NW 14 ST STE 112
City MIAMI FL Zip Code 33126

8. The above named entity submits the 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 

Signature of the registered agent and that of each officer and director. (NOTE: Registered Agent signature required when necessary) DATE

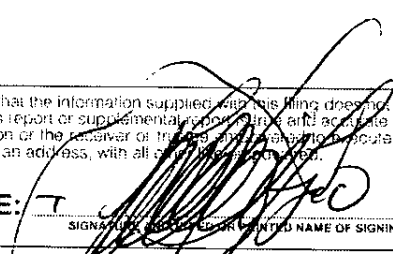
January - May / Fees \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

| | |
|---|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|-----------------------------|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SERGIO RAMONDINI 7570 NW 14 ST STE 112 MIAMI-FL 33126 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 and that I am preparing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other information, etc.

SIGNATURE: 

SIGNATURE OF REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR