


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90216 022 ***150.00

DOCUMENT # P97000071457

1. Entity Name
GSA INTERNATIONAL, CORP.



Principal Place of Business Mailing Address

**7570 NW 14 ST
STE 112
MIAMI, FL 33122 US**

**7570 NW 14 ST
STE 112
MIAMI, FL 33122 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40090055



04152008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

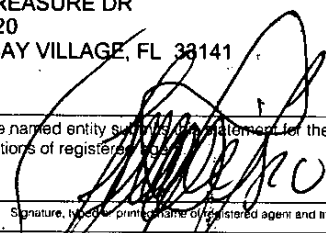
Name **RAMONDINI SERGIO**

Street Address (P.O. Box Numbered Not Applicable) **7501 E. TREASURE DR APT 9B**

NORTH BAY VILLAGE FL 33141

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	RAMONDINI, SERGIO	7501 E TREASURE DR APT 9B	NORTH BAY VILLAGE FL 33141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 for all purposes.

SIGNATURE:  Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR