## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2008 8:00 am Secretary of State

DOCUMENT # P97000107522  1. Entity Name GUSFIRST CORP.							·0028 042 **	*150.	00
Principal Place of Business	Mailing Address				300	2(199			
300 THREE ISLANDS BLVD.	300 THREE ISLANDS	BLVD							
SUITE 101 SUITE 101									
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Principal Place of Business - No P.O. Box #     Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03312008	Chg-P	CR2E034 (12	2/06)	
City & State	City & State	ly & State			4. FEI Number 65-0810	848	_	<del></del>	olied For Applicable
Zip Country	Zip	Coun	Country		5. Certificate of	Status Desired		<b>5</b> Addi equired	
6. Name and Address of Current	t Registered Agent				7. Name and A	ddress of New Re	egistered Agent		<del></del>
CURIO, POUNIE E			Name						
GUSKY, BONNIE F 300 THREE ISLANDS BLVD STE 101 HALLANDALE, FL 33009			Street Address (P.O. Box Number is Not Acceptable)						
						<del></del>	<u>,</u>		
·			City		•		FL   Zi	p Code	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing i	ts registere	ed office or	register	ed agent, or both	in the State of Flo	rida. I am familia	with, a	and accept
X Commence	4 maker	\				کا حدا	08		
SIGNATURE Signature, typed or prefer hame of registered agen	nt and fittle if applicable. (N	STE Registere	d Agent signatu	re required	when reinstating)	<del>-//</del>	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Camp				00 May Be				
				Add	ed to Fees		-0500 AUD BIOS		
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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 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 enter like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

954 456 6820