


2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2008-90242-033-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 12 PM 5:02

DOCUMENT # P98000013200

1. Entity Name
G.S.Y. TRADING, INC.



Principal Place of Business 3015 NW 79TH ST E100 MIAMI, FL 33147	Mailing Address 7957 SW 104TH ST B210 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box # 3015 NW 79th ST	3. Mailing Address
Suite, Apt. #, etc. B210	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33147	Country U.S.A.



05012008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0825350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YOON, GI-SEUNG
7957 SW 104TH ST
B210
MIAMI, FL 33156**

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:  DATE: **6/9/08**

Signature, typed or printed name of individual agent is not applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DPS	
NAME	YOON, GI-SEUNG	
STREET ADDRESS	7957 SW 104TH ST B210	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **6/9/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR