

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000034511**

1. Entity Name  
GBS USA, INC.



Principal Place of Business  
23013 ADDISON LAKES CIRCLE  
BOCA RATON, FL 33433

Mailing Address  
P.O. BOX 9822  
CORAL SPRINGS, FL 33075



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0842387

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GRUENINGER, ALBERT E  
23013 ADDISON LAKES CIRCLE  
BOCA RATON, FL 33433

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME GRUENINGER, ALBERT  
STREET ADDRESS 23013 ADDISON LAKES CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VP  
NAME DORA, PETER D  
STREET ADDRESS 7926 EXETER BLVD. E.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TS  
NAME GRUENINGER, URSULA  
STREET ADDRESS 23013 ADDISON LAKES CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33433

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CITY-ST-ZIP

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02/07/06-80010-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter D. Dora, U.P. **1-24-06** **(954)597-2999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #