
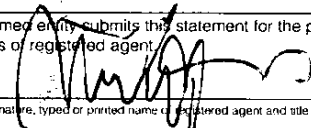
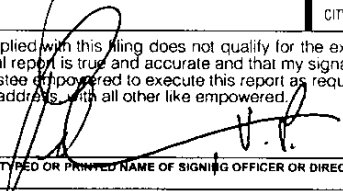


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 027 ***150.00

DOCUMENT # P98000034511 1. Entity Name GBS USA, INC.																																																																																																																																							
Principal Place of Business 4400 N.W. 100TH AVENUE CORAL SPRINGS, FL 33065-1550		Mailing Address P.O. BOX 9822 CORAL SPRINGS, FL 33075-0822																																																																																																																																					
2. Principal Place of Business - No P.O. Box # 23013 Addison Lakes Cir.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																					
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City & State Boca Raton, FL		City & State																																																																																																																																					
Zip 33433	Country	Zip	Country																																																																																																																																				
4. FEI Number 65-0842387		Applied For Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent GRUENINGER, ALBERT E 4400 N.W. 100TH AVENUE CORAL SPRINGS, FL 33065-1550		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 23013 Addison Lakes Cir. City Boca Raton, FL Zip Code 33433																																																																																																																																					
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  (NOTE: Registered Agent signature required when reinstating) DATE:																																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width:70%;">NAME GRUENINGER, ALBERT</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4400 N.W. 100TH AVENUE</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 330651550</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width:70%;">NAME DORA, PETER D</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7926 EXETER BLVD. 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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 1-5-2008 954-854-2999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																							

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