2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2004 08:00 AM Secretary of State

| DOCUMENT # P99000010917 1. Enlity Name GSA SOUTH FLORIDA, INC. | | | Secretary of State | |
|--|--------------------------------|--|--------------------|---|
| Principal Place | e of Business | Mailing Address | | |
| 2532 SUNDY DELRAY BEA | / AVE CH, FL 33444 | 2532 SUNDY AVE DELRAY BEACH, FL 33444 | | I EKRINDAL IIK IDINK IKINI KANI DENI BODI KRIDE NIKI KENDE DETECHDIK INGENDER II ERDI |
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| DO NOT WITH IN THE OFA | | | - Ammi | 4. FEI Number Applied For 65-0895022 Not Applicable |
| | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | |
| GAGNON, PAUL F 2532 SUNDY AVE. | | | | DO NOT WRITE |
| DELRAY BEACH, FL 33444 | | | | 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, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | ncing \$5. | .00 May Be ded to Fees |
| 10. | OFFICERS AND DI | RECTOR\$ | | |
| TITLE | PTS | | | |
| NAME STREET ADDRESS | GAGNON, PAUL 2532 SUNDY AVE | | | #000000000 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | · · · · | İ | U00000020274 01/29/04-80059-023 150.700 |
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12. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS

GNATOBORAND TO SEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 561441-0404

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