


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P99000010917  
 1. Entity Name  
 GSA SOUTH FLORIDA, INC.



2. Principal Place of Business      Mailing Address  
 2532 SUNDY AVE      2532 SUNDY AVE  
 DELRAY BEACH, FL 33444      DELRAY BEACH, FL 33444

**DO NOT WRITE IN THIS SPACE**



01232006    No Chg-P    CR2E034 (11/05)

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  
 DELRAY BEACH, FL 33444

**DO NOT WRITE IN THIS SPACE**

8. I, 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 a member, officer, director, or other person in a position of responsibility, of the corporation or other entity, and I am familiar with the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when filing annual report)      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

100000402652  
 02/03/06-80016-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	GAGNON, PAUL
STREET ADDRESS	2532 SUNDY AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:       1-23-06      5614410404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #