


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000038206 1. Entity Name GSC INDUSTRIES, INC.	
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Principal Place of Business 12700 BISCAYNE BLVD., STE. 206 MIAMI, FL 33181	Mailing Address 12700 BISCAYNE BLVD., STE. 206 MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0689097	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 GROSSMAN, ROBERT D 12700 BISCAYNE BLVD., STE. 206 MIAMI, FL 33181
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

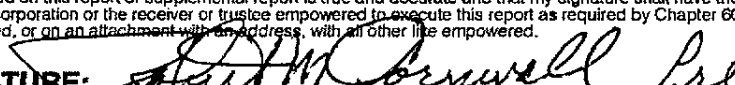
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS GROSSMAN, ROBERT D 12700 BISCAYNE BLVD., STE. 206 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNWALL, ROBERT M 12700 BISCAYNE BLVD., STE. 206 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHIDEL, THOMAS R 12700 BISCAYNE BLVD STE 206 N MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/04-80015-008 150.00

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IN THIS SPACE**

12. I hereby certify 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:  Pres 7/10/4 305 895 7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #