

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 037 ***150.00

DOCUMENT # P99000059648					
1. Entity Name G.S.D. GROUP, INC.					
Principal Place of Business 13255 S.W. 137 AVE. SUITE 209 MIAMI, FL 33186			Mailing Address 13255 S.W. 137 AVE. SUITE 209 MIAMI, FL 33186		
2. Principal Place of Business <i>12350 SW 132 Ct.</i>		3. Mailing Address <i>12350 SW 132 Ct.</i>			
Suite, Apt. #, etc. <i>SUITE 114</i>		Suite, Apt. #, etc. <i>SUITE 114</i>			
City & State <i>Miami FL</i>		City & State <i>Miami, FL</i>			
Zip <i>33186</i>		Country <i>Miami - Dade</i>		Zip <i>33186</i>	
Country <i>Miami - Dade</i>		4. FEI Number 65-0932440			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRINGER, GALE L 13255 S.W. 137 AVE. SUITE 209 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>12350 SW 132 Ct, Suite 114</i> City <i>Miami</i> FL Zip Code <i>33186</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SPRINGER, GALE L 13255 S.W. 137 AVE., #209 MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCLINTOCK, DANIEL 13255 S.W. 137 AVE., #209 MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CACERES, SERGIO A 13255 S.W. 137 AVE., #209 MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Gale L. Springer</i> GALE L. SPRINGER (305) 252-1516 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>4/21/05</i> Daytime Phone #					