

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # S64925

1. Entity Name
GS2 CORP.



Principal Place of Business
5996 SW 70TH STREET
MIAMI, FL 33143

Mailing Address
5996 SW 70TH STREET
9
MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0283488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, JOSE J
5996 SW 70 STREET
MIAMI, FL 33143

**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 _____

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 Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000039375
02/09/04-80002-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIEGER, CHARLES M
STREET ADDRESS	5996 SW 70 STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	SUAREZ, JOSE J
STREET ADDRESS	5996 SW 70 STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	GAINES, RONALD I
STREET ADDRESS	5996 SW 70 STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-30-04