

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000088894

**Entity Name:** GCS IDEAS, CORP.

**Current Principal Place of Business:**

612 LYNN STREET  
LOUISVILLE, KY 40217

**Current Mailing Address:**

612 LYNN STREET  
LOUISVILLE, KY 40217

**FEI Number: 27-3842016**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEGON PONCE & FODIMAN, P.A.  
1111 BRICKELL AVENUE - SUITE 2150  
MIAMI, FL 33031 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BUYLLA, JUAN GIRARD  
Address 612 LYNN STREET  
City-State-Zip: LOUISVILLE KY 40217

Title VP  
Name GIRARD BUYLLA, ELINORA  
Address 612 LYNN ST  
City-State-Zip: LOUISVILLE KY 40217

Title D  
Name CAMARGO LOPEZ, ARTURO T  
Address 612 LYNN ST  
City-State-Zip: LOUISVILLE KY 40217

Title D  
Name MARTINEZ, JUAN GIRARD  
Address 612 LYNN ST  
City-State-Zip: LOUISVILLE KY 40217

Title D  
Name DEATON, MATTHEW  
Address 612 LYNN ST  
City-State-Zip: LOUISVILLE KY 40217

Title D  
Name MUCHARRAZ, OLGA L. DIAZ  
Address 612 LYNN STREET  
City-State-Zip: LOUISVILLE KY 40217

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GIRARD BUYLLA , ELINORA**

**VP**

**06/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date