

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000058237

Entity Name: GBI MASTER, INC.**Current Principal Place of Business:**4700 SW 80TH STREET
SUITE 300
MIAMI, FL 33143**Current Mailing Address:**4700 SW 80TH STREET
SUITE 300
MIAMI, FL 33143 US**FEI Number:** 45-3303222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAROLINA , CABELLO
4700 SW 80TH STREET
MIAMI, FL 33143 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:** CAROLINA CABELLO BRITO

04/02/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PSTD
Name	CABELLO, JESUS ALBERTO
Address	4700 SW 80TH STREET
City-State-Zip:	MIAMI FL 33143

Title	VPST
Name	CABELLO, CAROLINA
Address	4700 SW 80TH STREET
City-State-Zip:	MIAMI FL 33143

Title	VPST
Name	CABELLO, ANABELLA
Address	4700 SW 80TH STREET
City-State-Zip:	MIAMI FL 33143

Title	VPST
Name	CABELLO, MARIA C
Address	4700 SW 80TH STREET
City-State-Zip:	MIAMI FL 33143

Title	D
Name	CABELLO, CAROLINA
Address	4700 SW 80TH STREET
City-State-Zip:	MIAMI FL 33143

Title	D
Name	CABELLO, ANABELLA
Address	4700 SW 80TH STREET
City-State-Zip:	MIAMI FL 33143

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: CAROLINA CABELLO

VPST

04/02/2016

Electronic Signature of Signing Officer/Director Detail

Date