


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 26 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000089481					
1. Entity Name GUNSAH CORP.					
Principal Place of Business 1503 NW 207 ST MIAMI, FL 33169		Mailing Address 1503 NW 207 ST MIAMI, FL 33169			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0873221	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FEINBERG, JEFFREY 4000 HOLLYWOOD BLVD SUITE 350-N HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ DATE _____ <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, 2004 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNRAJ, RUBY		NAME		
STREET ADDRESS	1503 N.W. 207TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNRAJ, RONALD		NAME		
STREET ADDRESS	1503 N.W. 207TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THIRA, SHARON		NAME		
STREET ADDRESS	1503 N.W. 207TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNN, SEAN		NAME		
STREET ADDRESS	1503 N.W. 207TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAHAI, JOSEPH		NAME		
STREET ADDRESS	1503 NW 207TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33169		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Keelley Gunraj</i>			01-21-04 (702) 451-5293		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



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