FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90097 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024617

1. Entity Name
G.T.S. GLOBAL TECHNOLOGY SERVICES, CORP.

90077397

Principal Place of Business	Mailing Address
1371 CROSSBILL CT WESTON, FL 33327	10645 HAMMOCKS BLVD STE 722 MIAMI, FL 33196

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1371 CROSSBILL CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WESTON
Zip / Country	Zip: FL / Country: 33327

4. FEI Number: 65-1097195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARRIAGA, EDUARDO 1371 CROSSBILL CT WESTON, FL 33327	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: [signature] President 04/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ARRIAGA, EDUARDO 1371 CROSSBILL CT WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOMEZ, ENRIQUE 1371 CROSSBILL CT WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEILAN, JOSE LUIS 1371 CROSSBILL CT WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIEGO, LEON 1371 CROSSBILL CT WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEON, DIEGO 10645 HAMMOCKS BLVD STE 722 MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] 04/07/03 954-3856708
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]