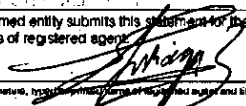
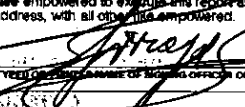


FILED
Apr 08, 2003 8:00 am
Secretary of State

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.			
Principal Place of Business 1371 CROSSBILL CT WESTON, FL 33327		Mailing Address 10645 HAMMOCKS BLVD STE 722 MIAMI, FL 33196	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1371 CROSSBILL CT Suite, Apt. #, etc.	
City & State WESTON		4. FEI Number 65-1087195 Applied For Not Applicable	
Zip FL	Country 33327	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARRIAGA, EDUARDO 1371 CROSSBILL CT WESTON, FL 33327		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  President		DATE 04/07/03	
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 P NAME ARRIAGA, EDUARDO STREET ADDRESS 1371 CROSSBILL CT CITY-ST-ZIP WESTON, FL 33327		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME GOMEZ, ENRIQUE STREET ADDRESS 1371 CROSSBILL CT CITY-ST-ZIP WESTON, FL 33327		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME MEILAN, JOSE LUIS STREET ADDRESS 1371 CROSSBILL CT CITY-ST-ZIP WESTON, FL 33327		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME DIEGO, LEON STREET ADDRESS 1371 CROSSBILL CT CITY-ST-ZIP WESTON, FL 33327		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME LEON, DIEGO STREET ADDRESS 10645 HAMMOCKS BLVD STE 722 CITY-ST-ZIP MIAMI, FL 33196		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 of the information required.			
SIGNATURE  President		DATE 04/07/03 954-3856708	