

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051273

**FILED**  
**Mar 03, 2005**  
**Secretary of State**

**Entity Name:** GLOBAL DESIGN SOLUTIONS INC.

**Current Principal Place of Business:**

400 N.W. LEJEUNE ROAD  
MIAMI, FL 33126 US

**New Principal Place of Business:**

5510 NW 35TH COURT  
HIALEAH, FL 33056 US

**Current Mailing Address:**

400 N.W. LEJEUNE ROAD  
MIAMI, FL 33126 US

**New Mailing Address:**

5510 NW 35 COURT  
HIALEAH, FL 33056 US

**FEI Number:** 65-1109173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAYNE, GEOFFREY M ESQ.  
1201 BRICKELL AVENUE  
SUITE 220  
MIAMI, FL 331313207 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REYES, MARTHA  
Address: 1111 BRICKELL BAY DRIVE, APT. 1203  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA REYES

P

03/03/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date