


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -3 AM 11:44

TALLAHASSEE, FLORIDA

DOCUMENT # P03000048437
 1. Entity Name
GLOBAL MEDSERV, INC.



Principal Place of Business
**1601 NW 97TH AVENUE BAY "D"
 MIAMI, FL 33172**

Mailing Address
**1601 NW 97TH AVENUE BAY "D"
 MIAMI, FL 33172**

2. Principal Place of Business
1601 NW 97th Avenue

3. Mailing Address **C/O Cantera & Assoc**
2300 Coral Way

Suite, Apt. #, etc.
Bay "D"

Suite, Apt. #, etc.
Suite 200

City & State
Miami, FL

City & State
Miami, FL

Zip
33172

Country
US

Zip
33145

Country
US



02092004 Chg-P CR2E034 (10/03)

4. FEI Number
42-1591854

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
 2300 CORAL WAY
 MIAMI, FL 33145**

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  **Amada Cantera Lopez** DATE **4-29-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

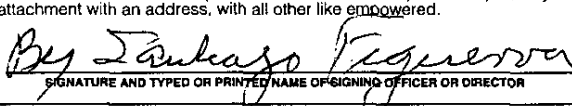
TITLE PD	FIGUEROA, SANTIAGO <input checked="" type="checkbox"/> Delete
NAME	9619 FONTAINBLEAU BLVD., SUITE #405
STREET ADDRESS	MIAMI, FL 33172
CITY-ST-ZIP	
TITLE VD	FERNANDEZ, WALTER <input type="checkbox"/> Delete
NAME	9619 FONTAINBLEAU BLVD., SUITE #405
STREET ADDRESS	MIAMI, FL 33172
CITY-ST-ZIP	
TITLE SD	HERNANDEZ, ORESTES <input type="checkbox"/> Delete
NAME	8864 NW 110 STREET
STREET ADDRESS	HIALEAH GARDENS, FL 33018
CITY-ST-ZIP	
TITLE TD	MACHUCA, MIGUEL <input type="checkbox"/> Delete
NAME	9619 FONTAINBLEAU BLVD., #405
STREET ADDRESS	MIAMI, FL 33172
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Walter
STREET ADDRESS	9619 Fontainebleau Blvd., Suite 405
CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800035778328
STREET ADDRESS	05/07/04--01084--014 **150.00
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D
STREET ADDRESS	Machuca, Miguel
CITY-ST-ZIP	9619 Fontainebleau Blvd., #405
	Miami, FL 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Handwritten: 4/29/04

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:  **By Enciso Figueroa** DATE **4/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR