

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR -4 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02102005 Chg-P CR2E034 (10/03)

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1591854	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY MIAMI, FL 33145			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		AMANDA CANTERA LOPEZ, PRESIDENT		DATE: 3/22/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, WALTER 9619 FONTAINBLEAU BLVD., SUITE #405 MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, WALTER 9619 Fontainbleau Blvd., Suite #405 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, ORESTES 8864 NW 110 STREET HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERNANDEZ, WALTER 9619 Fontainbleau Blvd., Suite #405 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MACHUCA, MIGUEL 9619 FONTAINBLEAU BLVD., #405 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERNANDEZ, WALTER 9619 Fontainbleau Blvd., Suite #405 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400050093174 04/07/05--01007--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABM/4
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		WALTER FERNANDEZ, PRESIDENT		DATE: 2/16/05	