


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90031 042 \*\*\*550.00

DOCUMENT # 528151			
1. Entity Name GENERAL BROKERAGE SERVICES, INC.			
Principal Place of Business 6175 NW 167TH STREET SUITE G-1 MIAMI, FL 33015 US		Mailing Address P.O BOX 522053 P.O. BOX 522053 MIAMI, FL 33152 US	
2. Principal Place of Business		3. Mailing Address 6280 SW 178 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State S.W. RANCHES, FL	
Zip	Country	Zip	Country
33331	USA	33331	USA
4. FEI Number 59-2191905		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORGIA, THOMAS A 6175 NW 167 STREET SUITE G-1 MIAMI, FL 33015		7. Name and Address of New Registered Agent Name: BORGIA, MARITZA Street Address (P.O. Box Number is Not Acceptable): 6280 SW 178 AVE City: Southwest Ranches FL Zip Code: 33331	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	PSD BORGIA, THOMAS 6280 SW 178 AVENUE SOUTHWEST RANCHES, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BORGIA, MARITZA 6280 SW 178 AVENUE SOUTHWEST RANCHES, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BORGIA, MARITZA 6280 SW 178 AVE SOUTHWEST RANCHES, FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BORGIA, JOHN M 9430 TANGERINE PLACE, UNIT 106 FT. LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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)(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: <i>Maritza Borgia</i>		Date: 7/27/05 Daytime Phone #: 954-252-7426	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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