2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K40051

Entity Name: GENERAL SERVICES OFFICE, INC.

FILED Mar 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

8360 NW 68 ST 8572 NW 72ST

MIAMI, FL 33166 US MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

P.O. BOX 661108 8572 NW 72ST

MIAMI SPRINGS, FL 33266 US MIAMI, FL 33166 US

FEI Number: 65-0117722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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: SARA M. RENDON 03/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 RENDON, SARA M
 Name:
 RENDON, SARA M

 Address:
 4001 S. OCEAN DR. APT 10-B
 Address:
 4001 S. OCEAN DR. APT 10-B

City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33019

Title: () Delete Title: D () Change (X) Addition
Name: Name: BARREIRO, PATRICIO A
Address: Address: 1550 BRICKEL AVE. APT# 204A

City-St-Zip: City-St-Zip: MIAMI, FL 33129

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 RENDON, FERNANDO A

 Address:
 Address:
 4001 S. OCEAN DR. APT 10-B

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33019

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: SARA M. RENDON P 03/07/2005