

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L03000020737 1. Entity Name GLOBAL VIEW ENGINEERING SERVICES LLC					
Principal Place of Business 810 SE 5TH AVE. POMPANO BEACH, FL 33060			Mailing Address 810 SE 5TH AVE. POMPANO BEACH, FL 33060		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 81-0617986	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC- 14300 PROSPERITY FARMS RD. #224E- PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name PATRICK J. CURRAN Street Address (P.O. Box Number is Not Acceptable) 810 SE 5TH AVENUE City POMPANO BEACH FL Zip Code 33060		
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 <u><i>[Signature]</i></u> PATRICK J CURRAN MGR. <u>3/29/2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK J CURRAN 810 SE 5TH AVENUE POMPANO BEACH FL 33060 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIGUEL O. MARTINEZ 4721 NE 15th WAY FORT LAUDERDALE, FL 33334 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>[Signature]</i></u> PATRICK J. CURRAN <u>MANAGER</u> <u>3/29/2004</u> <u>(954) 464-6195</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					