


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90103 014 ****50.00

DOCUMENT # L04000042994 1. Entity Name GLOBAL SERVICE DEVELOPMENT, LLC	
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Principal Place of Business 190 N.E. 199TH STREET, SUITE 206 NORTH MIAMI BEACH, FL 33179	Mailing Address 190 N.E. 199TH STREET, SUITE 206 NORTH MIAMI BEACH, FL 33179
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20011765

2. Principal Place of Business 4160 W 16TH AVE	3. Mailing Address 4160 W 16TH AVE.
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Suite, Apt. #, etc. 309	Suite, Apt. #, etc. 309
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City & State HIALEAH, FL	City & State HIALEAH, FL
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Zip 33012	Country USA	Zip 33012	Country USA
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02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1221546	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BALWANT CHEEMA, P.A. 4160 WEST 16TH AVENUE, SUITE 309 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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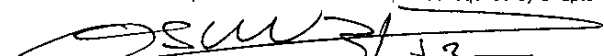
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEPEDA, OSCAR M 190 N.E. 199TH STREET NORTH MIAMI BEACH, FL 33179 <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	MGR ZEPEDA, CARLOS 190 N.E. 199TH STREET NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M ZEPEDA, OSCAR M SR. 190 NE 199 STREET NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Change <input checked="" 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
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

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: 	2-14-05	305-698-1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #