

FILED
May 22, 2007 8:00 am
Secretary of State

04-18-2007 90035 028 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

30008595

DOCUMENT # L06000036076			
1. Entity Name GLOBAL PROJECTS SERVICES LLC			
Principal Place of Business 12701 SW 68 TERRACE MIAMI, FL 33183		Mailing Address 12701 SW 68 TERRACE MIAMI, FL 33183	
2. Principal Place of Business - No P.O. Box # 11421 Callaway Pond Dr		3. Mailing Address Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa		City & State	
Zip 33569		Zip	
Country		Country	
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04142007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent RODRIGUEZ, JULIO 12701 SW 68 TERRACE MIAMI, FL 33183		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM RODRIGUEZ, JULIO 12701 SW 68 TERRACE MIAMI, FL 33183		11421 Callaway Pond Drive Tampa, FL 33569	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  JULIO RODRIGUEZ		04-14-07 786-3170649	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	