2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045925

Entity Name: GLOBAL WASH SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
881 SW IDOL AVENUE PORT ST. LUCIE, FL 34953 US	2065 SE PARROT STREET PORT ST. LUCIE, FL 34952 US

Current Mailing Address:	**New Mailing Address:**
881 SW IDOL AVENUE PORT ST. LUCIE, FL 34953 US	2065 SE PARROT STREET PORT ST. LUCIE, FL 34952 US

FEI Number: 26-2561055   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:**
JACOBSON, PETER 881 SW IDOL AVENUE PORT ST. LUCIE, FL 34953 US	JACOBSON, PETER 2065 SE PARROT STREET PORT ST. LUCIE, FL 34952 US

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: _____   03/25/2009
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	JACOBSON, PETER	Name:	JACOBSON, PETER
Address:	881 SW IDOL AVENUE	Address:	2065 SE PARROT STREET
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	City-St-Zip:	PORT ST. LUCIE, FL 34952 US
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	DEMATTEO, ANTHONY	Name:	
Address:	1313 BLACK WILLOW TRAIL	Address:	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER JACOBSON   MGRM   03/25/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date