2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90108 046 ***150.00

DOCUMENT # P00000004732

1. Entity Name
GLOBAL TELECOMMUNICATIONS SERVICES, INC.

Principal Place of Business	Mailing Address
16242 NW 12 ST. PEMBROKE PINES, FL 33028	16242 NW 12 ST. PEMBROKE PINES, FL 33028

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10305 N.W. 41 St.	10305 N.W. 41 St.
Suite, Apt. #, etc. #215	Suite, Apt. #, etc. #215
City & State Miami, Fl.	City & State Miami, Fl.
Zip 33178 Country	Zip 33178 Country

4. FEI Number
65-0973869
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, CESAR 16242 NW 12 ST. PEMBROKE PINES, FL 33028	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: _____ 4-20-04
Name and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004.Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERNANDEZ, CESAR 16242 NW 12 ST. PEMBROKE PINES, FL 33028	☐ Delete	Fernandez, Cesar 19349 S.W. 64 St. Pembroke Pines, Fl. 33332.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SALAZAR, SANDRA 16242 NW 12 ST. PEMBROKE PINES, FL 33028	☐ Delete	Salazar, Sandra 19349 S.W. 64 St. Pembroke Pines, Fl. 33332	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: _____ 4-20-04.
MANDATORY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #