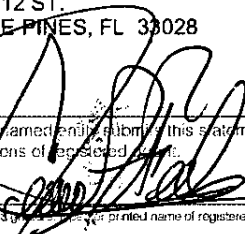
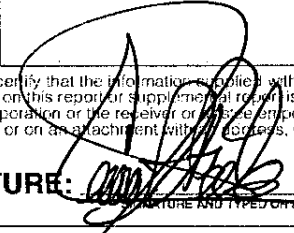


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 16242 NW 12 ST. PEMBROKE PINES, FL 33028		Mailing Address 16242 NW 12 ST. PEMBROKE PINES, FL 33028	
2. Principal Place of Business 10305 N.W. 41 St.		3. Mailing Address 10305 N.W. 41 St.	
Suite, Apt. #, etc. # 215		Suite, Apt. #, etc. # 215	
City & State Miami, FL		City & State Miami, FL	
Zip 33178		Zip 33178	
			
		03182004 Chg-P CR2E034 (10/03)	
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 FERNANDEZ, CESAR 16242 NW 12 ST. PEMBROKE PINES, FL 33028		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, the above named agent. SIGNATURE:  DATE: 4-20-04 (NOTE: Registered Agent signature required when it is not the same as the filer's signature.)			
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 ☐ Delete 16242 NW 12 ST. PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernandez, Cesar ☒ Change ☐ Addition 19349 S.W. 64 St. Pembroke Pines, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAZAR, SANDRA ☐ Delete 16242 NW 12 ST. PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Salazar, Sandra ☒ Change ☐ Addition 19349 S.W. 64 St. Pembroke Pines, FL 33332
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 my address, with all other like empowered.			
SIGNATURE: 		DATE: 4-20-04	