2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P00000036314** 1. Entity Name GLOBAL SOLUTIONS & EQUIPMENT, INC. 04 OCT - 1 PH 3: 09 Principal Place of Business Mailing Address 5302 NORTHWEST 108TH WAY 5302 NORTHWEST 108TH WAY CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 CR2E034 (10/03) 09302004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1006971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 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 famillar with, and accept the obligations of registered agent. 10/04/04--01021--003 **150.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME DIAS, JOE A 5302 NORTHWEST 108TH WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if t with an address vith all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

GNATURE AND TYPED OR PRINTED HE OF SIGNING OFFICER OR DIRECTOR