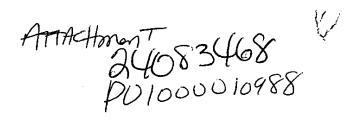
## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## Sep 03, 2004 8:00 am Secretary of State ANNUAL REPORT 09-03-2004 90005 033 \*\*\*158.75 DOCUMENT # P01000010988 1. Entity Name GLOBAL PROFESSIONAL SERVICES, INC. Principal Place of Business Mailing Address 24083468 16926 SW 34TH STREET 16926 SW 34TH STREET MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business 3. Mailing Address S.W. 52 CT 15636 SW 15636 Suite, Apt. #, etc. 08302004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number MIRAHAR 06-1609673 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 3*302*7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUENAS, BEATRIZ Street Address (P.O. Box Number is Not Acceptable) 16926 SW 34TH STREET MIRAMAR, FL 33027 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the $\Box$ corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PDS ☐ Defete TITLE Change ☐ Addition DUENAS, BEATRIZ NAME NAME 15636 S.W. 52 CT STREET ADDRESS STREET ADDRESS 16926 SW 134TH STREET HIRAMBR FL 33627 MIRAMAR, FL 33027 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Delete TITLE ☐ Addition BERNAL, LUIS NAME NAME 15636 S.W. 52CF STREET ADDRESS 16926 SW 134TH STREET STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-ZIP HIRAMAR FL 33027 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change THIE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 an address, with all other like engowered.

ME OF SIGNING OFFICER OR DIRECTOR

**FILED** 



August 31, 2004

To Whom It May Concern:

Re: Global Professional Services Inc. Document # P01000010988

To Whom It May Concern:

I am sending you this letter to request a waiver of the penalty for late payment. This year I never received the first annual report.

I am enclosing a check for \$150.00 to continue with my corporation being active.

Thank you for your help concerning this matter it is greatly appreciated.

Respectfully yours,

Luis Bernal President