

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90005 033 \*\*\*158.75

24083468



08302004 Chg-P CR2E034 (10/03)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # P01000010988</b><br>1. Entity Name<br><b>GLOBAL PROFESSIONAL SERVICES, INC.</b>  |  |  |  |  |  |
| Principal Place of Business<br><b>16926 SW 34TH STREET<br/>MIRAMAR, FL 33027</b>   |  |  | Mailing Address<br><b>16926 SW 34TH STREET<br/>MIRAMAR, FL 33027</b>   |  |  |
| 2. Principal Place of Business<br><b>15636 S.W. 52 CT.</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>15636 S.W. 52 CT.</b><br>Suite, Apt. #, etc.            |  |  |  |
| City & State<br><b>MIRAMAR FL</b>  |  | City & State<br><b>MIRAMAR FL</b>  |  | 4. FEI Number<br><b>06-1609673</b>   |  |
| Zip<br><b>33027</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DUENAS, BEATRIZ<br/>16926 SW 34TH STREET<br/>MIRAMAR, FL 33027</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PDS<br/>DUENAS, BEATRIZ<br/>16926 SW 134TH STREET<br/>MIRAMAR, FL 33027</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>15636 S.W. 52 CT<br/>MIRAMAR FL 33027</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD<br/>BERNAL, LUIS<br/>16926 SW 134TH STREET<br/>MIRAMAR, FL 33027</b> <input type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>15636 S.W. 52 CT<br/>MIRAMAR FL 33027</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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 an address with all other like empowered. |  |  |  |  |  |
| <b>SIGNATURE:</b>  |  |  | <b>08,31,2004 (954) 441-6156</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | Date Daytime Phone #   |  |  |

Attachment  
24083468  
PU1000010988

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