

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092134

FILED
Apr 30, 2004
Secretary of State

Entity Name: GLOBAL MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

13858 SW 190 AVE
SUITE 208
MIAMI, FL 33176

Current Mailing Address:

13858 SW 190 AVE
SUITE 208
MIAMI, FL 33176

New Principal Place of Business:

15715 S. DIXIE HWY.
SUITE 414
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

15715 S. DIXIE HWY.
SUITE 414
VILLAGE OF PALMETTO BAY, FL 33157

FEI Number: 65-1140250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUANA, DAVID
13858 SW 190 AVE #208
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

CARUANA, DAVID
15715 S. DIXIE HWY.
VILLAGE OF PALMETTO BAY, FL 33157 US

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.

SIGNATURE: DAVID CARUANA

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: CARUANA, DAVID
Address: 13858 SW 190 AVE #208
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ESCOBAR, SAYDA
Address: 13858 SW 190 AVE #208
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SPIVEY, STEVEN
Address: 13858 SW 190 AVE 3208
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: CARUANA, DAVID
Address: 15715 S. DIXIE HWY., SUITE 414
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: D (X) Change () Addition
Name: ESCOBAR, SAYDA
Address: 15715 S. DIXIE HWY., SUITE 414
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: D (X) Change () Addition
Name: SPIVEY, STEVEN
Address: 15715 S. DIXIE HWY., SUITE 414
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CARUANA

PTSD

04/30/2004

Electronic Signature of Signing Officer or Director

Date