


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*AMENDED*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 25 AM 8:00

DOCUMENT # P01000092134	
1. Entity Name GLOBAL MANAGEMENT SOLUTIONS, INC.	

**DO NOT WRITE IN THIS SPACE**

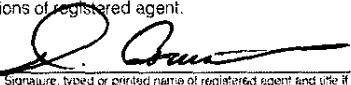
2. Principal Place of Business 13858 SW 190 Ave.		3. Mailing Address SAME	
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33176	Country	Zip	Country

500022635855  
08/28/03--01032--019 \*\*\$61.25

DO NOT WRITE IN THIS SPACE


4. FEI Number 651140250		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name CARUANA, DAVID	
	Street Address (P.O. Box Number is Not Acceptable) 13858 SW 190 Ave., #208	
	City Miami	FL Zip Code 33176

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 	CARUANA, DAVID	06/19/2003

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CARUANA, DAVID 13858 SW 190 Ave., #208, Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, SAYDA 13858 SW 190 Ave., #208, Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIVEY, STEVEN 13858 SW 190 Ave., #208, Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	CARUANA, DAVID	06/19/2003	(305) 969-0699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)