2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P01000109979** 1. Entity Name G.E.S.S. SERVICES, CORP. Mailing Address Principal Place of Business 1121 NW 32ND CT. 1121 NW 32ND CT. MIAMI, FL 33135 MIAMI, FL 33135 No Chg-P CR2E034 (11/05) 04182006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1152734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SILVA, GUSTAVO E 1121 NW 32ND CT. MIAMI, FL 33135 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 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SILVA, GUSTAVO E NAME 1121 NW 32ND CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 U00000527400 05/04/06-80113-805 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS City-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, withyall other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP

> PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND Y

J Daytima Phone #