


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

10095705

DOCUMENT # P01000109979			
1. Entity Name G.E.S.S. SERVICES, CORP.			
Principal Place of Business 2350 WEST 60 STREET SUITE 1 HIALEAH, FL 33016		Mailing Address 2350 WEST 60 STREET SUITE 1 HIALEAH, FL 33016	
2. Principal Place of Business 1121 NW 32nd Ct. Suite, Apt. #, etc.		3. Mailing Address 1121 NW 32nd Ct. Suite, Apt. #, etc.	
City & State MIAMI, FL 33135		City & State MIAMI, FL	
Zip 33135		Country USA	
4. FEI Number 65-1152734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVA, GUSTAVO E 2350 WEST 60 STREET SUITE 1 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name: SILVA, GUSTAVO E. Street Address (P.O. Box Number is Not Acceptable): 1121 NW 32nd Ct. City: MIAMI FL Zip Code: 33135	
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: <i>GUSTAVO E SILVA</i> DATE: 4/28/03			
FILE NOW! (1) FEES \$150.00 (2) MAY 1, 2003 FEE WILL BE \$550.00 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, GUSTAVO E 2350 WEST 60 STREET SUITE 1 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, GUSTAVO E. 1121 NW 32nd Ct MIAMI FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 my address, with all other like empowered.			
SIGNATURE: <i>GUSTAVO E SILVA</i> DATE: 4/28/03 (305) 632-3752			



CHECK HERE IF MAKING CHANGES

CRRE034 (10/02)