
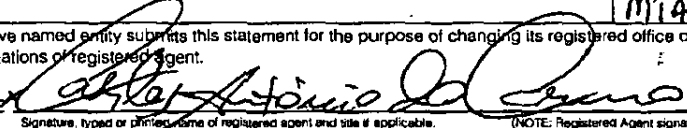
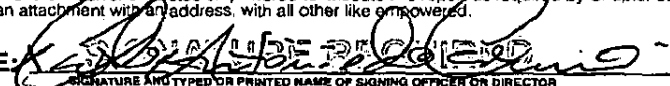


**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90062 027 \*\*\*150.00

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

<b>DOCUMENT #</b> P02000020879			
1. Entity Name T.G.C. SERVICES, INC.			
Principal Place of Business 1022 BAY DRIVE SUITE 24 MIAMI BEACH FL 33141		Mailing Address 1022 BAY DRIVE SUITE 24 MIAMI BEACH FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPOS, EDNA M 1022 BAY DRIVE SUITE 24 MIAMI BEACH FL 33141		Name: DO CARMO, CARLOS A Street Address (P.O. Box Number is Not Acceptable): 1022 BAY DR SUITE 24 City: MIAMI BEACH FL Zip Code: 33141	
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: 		DATE: 04/22/03	
FILE NOW!!! FEE IS \$150.00 After 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: PD NAME: CAMPOS, EDNA M STREET ADDRESS: 17051 NE 35TH AVE. APT. 205 CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete	TITLE: PS NAME: DO CARMO, CARLOS A STREET ADDRESS: 1022 BAY DR APT 24 CITY-ST-ZIP: MIAMI BEACH FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ANTONIO DO CARMO, CARLOS STREET ADDRESS: 1022 BAY DR APT. 1024 CITY-ST-ZIP: MIAMI BEACH FL 33141	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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.			
SIGNATURE: 		DATE: 04/22/03 305 862 6999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

5504440



CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0614382 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CR2E034 (10/02)