

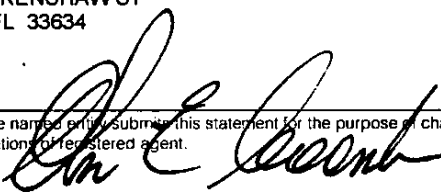
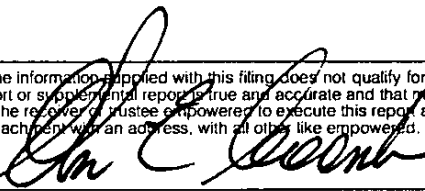


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90065 042 ***150.00

DOCUMENT # P02000106311 1. Entity Name GLOBAL STEVEDORING SERVICES, INC.					
Principal Place of Business P.O. BOX 21346 TAMPA, FL 33622			Mailing Address 5428 W CRENSHAW ST TAMPA, FL 33634		
2. Principal Place of Business 5425-C THERESA RD Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 21346 Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 37-1443982	
Zip 33615		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOMBES, CHAS E 5428 W CRENSHAW ST TAMPA, FL 33634			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5425-C THERESA RD City TAMPA FL 33615		
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 the registered agent. SIGNATURE  CHAS. E. COOMBES 2/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 BAVA, TONY CALLE JUANCHO LOPEZ #41, BARRIO SABANA GUAYNABO, PR 00965	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOMBES, CHARLES E P.O. BOX 21346 TAMPA, FL 33622	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOMBES, CHARLES E P.O. BOX 21346 TAMPA, FL 33622	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOMBES, CHARLES E P.O. BOX 21346 TAMPA, FL 33622	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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:  CHAS. E. COOMBES 2/14/06 813.865.1212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					