


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000106311</b> 1. Entity Name GLOBAL STEVEDORING SERVICES, INC.	
---	---

Principal Place of Business 5425-C THERESA RD TAMPA, FL 33615	Mailing Address P.O. BOX 21346 TAMPA, FL 33622
---	--

**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1443982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COOMBS, CHAS E 5425-C THERESA ROAD TAMPA, FL 33615	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAVA, TONY CALLE JUANCHO LOPEZ #41, BARRIO SABANA GUAYNABO, PR 00965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOMBS, CHARLES E P.O. BOX 21346 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOMBS, CHARLES E P.O. BOX 21346 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOMBS, CHARLES E P.O. BOX 21346 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000629770  
02/19/07-80015-004 150.00

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2007  
Date

813.997.4232  
Daytime Phone #

CHAS. E. COOMBS