

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90008 025 ***150.00

DOCUMENT # P02000106311 1. Entity Name GLOBAL STEVEDORING SERVICES, INC.	
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Principal Place of Business 5425-C THERESA RD TAMPA, FL 33615	Mailing Address P.O. BOX 21346 TAMPA, FL 33622
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DO NOT WRITE IN THIS SPACE



03042008 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 COOMBES, CHAS E 5425-C THERESA ROAD TAMPA, FL 33615

**DO NOT WRITE
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.

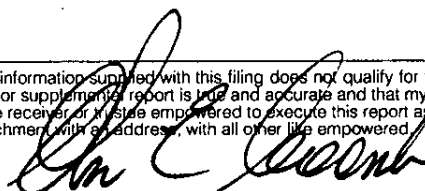
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 COOMBES, CHARLES E P.O. BOX 21346 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOMBES, CHARLES E P.O. BOX 21346 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOMBES, CHARLES E P.O. BOX 21346 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **3/3/08** **813-885-1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHAS E. COOMBES