2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106311

Title:

Name:

Address:

City-St-Zip:

FILED Jan 13, 2009 Secretary of State

Entity Name: GLOBAL STEVEDORING SERVICES, INC.						
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
5425-C THERESA RD TAMPA, FL 33615			STE. 105	8377 STANDISH BEND DR. STE. 105 TAMPA, FL 33615		
Current Mailing Address:			New Mailing	New Mailing Address:		
P.O. BOX 2 TAMPA, FL						
FEI Number: 37-1443982 FEI Number Applied For () F		FEI Number Not Applica	Number Not Applicable () Certificate of Status Desired			
Name and	Address of C	urrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
COOMBES 5425-C THI TAMPA, FL	ÉRESA ROAD		8377 STAND STE. 105	COOMBES, CHAS E 8377 STANDISH BEND DR. STE. 105 TAMPA, FL 33615 US		
The above in the State		submits this statement for the p	urpose of changing its	registered office or regis	tered agent, or both,	
SIGNATUR	RE:			01/13/2009		
	Electron	ic Signature of Registered Age	ent	Date	9	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BAVA, TONY	Delete IO LOPEZ #41, BARRIO SABANA R 00965	Title: Name: Address: City-St-Zip:	()Change()Ad	ddition	
Title: Name: Address: City-St-Zip:	VP () COOMBES, CH. P.O. BOX 2134 TAMPA, FL 336	3	Title: Name: Address: City-St-Zip:	()Change ()Ad	ddition	
Title: Name: Address: City-St-Zip:	S () COOMBES, CH. P.O. BOX 2134 TAMPA, FL 336	3	Title: Name: Address: City-St-Zip:	()Change ()Ad	ddition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES E COOMBES VΡ 01/13/2009

() Delete

COOMBES, CHARLES E

P.O. BOX 21346

TAMPA, FL 33622

() Change () Addition