
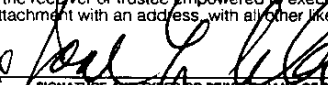


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90028 021 \*\*\*158.75

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # P02000110548</b><br>1. Entity Name<br><b>GLOBAL SUPPORT SYSTEMS, INC.</b>  |   |  |   |                             |  |
| Principal Place of Business<br><b>5600 N.W. 36TH STREET, #561</b><br><b>MIAMI, FL 33122</b>  |   |  | Mailing Address<br><b>P.O. BOX 661597</b><br><b>MIAMI SPRINGS, FL 33266</b>           |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   |  |  |
| Zip  | Country   | Zip  | Country   | 01192007    Chg-P    CR2E034 (12/06)   |  |
| 4. FEI Number<br><b>20-0651235</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>                                    |  |  |
| <b>SER JOBS FOR PROGRESS, INC.,</b><br><b>5600 NW 36 ST</b><br><b># 561</b><br><b>MIAMI, FL 33122</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P</b><br><b>CELA, JOSE L</b><br><b>5600 NW 36 ST # 561</b><br><b>MIAMI, FL 33122</b>       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>C</b><br><b>TERRELONGE, RICHARD</b><br><b>12342 SW 140 ST</b><br><b>MIAMI, FL 33186</b>    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VC</b><br><b>LLANO, DANIEL 1ST LT</b><br><b>14140 SW 40 TERR</b><br><b>MIAMI, FL 33175</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>T</b><br><b>GODOY, EDUARDO</b><br><b>1111 RICKELL AVE # 2801</b><br><b>MIAMI, FL 33131</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>S</b><br><b>CARLOS, JULIA</b><br><b>4805 NW 7 ST APT 208</b><br><b>MIAMI, FL 33126</b>     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>   |   |  | 1/27/07    3058718820   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <small>Date    Daytime Phone #</small>  |  |  |