

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 023 ***150.00

DOCUMENT # P02000135469	
1. Entity Name GLOBAL MULTIFUNCTIONAL SERVICES, INC.	



Principal Place of Business 5945 BENT PINE DR #1321 ORLANDO, FL 32822	Mailing Address 5945 BENT PINE DR #1321 ORLANDO, FL 32822
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2. Principal Place of Business Suite, Apt. #, etc. 5621 LIDO ST. City & State ORLANDO, FL Zip 32807 Country U.S.A.	3. Mailing Address Suite, Apt. #, etc. 5621 LIDO ST. City & State ORLANDO, FL Zip 32807 Country U.S.A.
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04182005 Chg-P CR2E034 (10/03)

4. FEI Number 43-1991615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE PAZOS, ADRIANA 2308 ENFIELD CT ORLANDO, FL 32837	
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7. Name and Address of New Registered Agent Name LUCIA P. COTTINGHAM Street Address (P.O. Box Number is NOT Acceptable) 5621 LIDO ST. City ORLANDO FL Zip Code 32807	
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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 <u>Lucia P. Cottingham</u> DATE <u>4/20/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 TREJO, JOSE L 5945 BENT PINE DR #1321 ORLANDO, FL 32822 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSE L. TREJO 6008 BENT PINE DR. #2310 ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>JOSE L. TREJO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/20/2005 (407)857-6352 <small>Date Daytime Phone #</small>