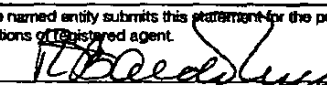
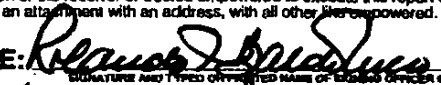


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-12-2004 90640 042 ***150.00

DOCUMENT # P03000019941					
1. Entity Name GLOBAL PROTECTIVE SERVICES CORPORATION					
Principal Place of Business 296 ATLANTIC AVENUE NORTH MIAMI BEACH, FL 33160			Mailing Address 296 ATLANTIC AVENUE NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				☒ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALDOMERO, AURORA 296 ATLANTIC AVENUE NORTH MIAMI BEACH, FL 33160				7. Name and Address of New Registered Agent Name ROLANDO BALDOMERO Street Address (P.O. Box Number is Not Acceptable) 296 ATLANTIC AVE City SUNNY ISLES BCH FL Zip Code 33160	
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:  ROLANDO I. BALDOMERO				DATE: 4/9/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BALDOMERO, AURORA		NAME		
STREET ADDRESS	296 ATLANTIC AVENUE		STREET ADDRESS		
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	BALDOMERO, ROLANDO I	
STREET ADDRESS			STREET ADDRESS	296 ATLANTIC AVE	
CITY- ST- ZIP			CITY- ST- ZIP	SUNNY ISLES BCH, FL 33160	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:  ROLANDO I. BALDOMERO				04/02/04 796-2178 305	