2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000066086 04-26-2004 90431 047 ***150.00 IKON GLOBAL SERVICES, INC. Principal Place of Business Mailing Address 94064410 1304 S.W. 160TH AVENUE, #232 1304 S.W. 160TH AVENUE, #232 SUNRISE, FL 33326 SUNRISE, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For Not Applicable Country --- =----- عدت Zip -----\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GBS CONSULTANTS** Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON RD. SUITE 306 WESTON, FL 33326; 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 ... Signature, byned or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ■ Delete TITLE ☐ Change REINBERG, JORGEA. Change MONTERO, GUSTAVO A NAME NAME 1304 S.W. 160TH AVENUE, #232 STREET ADDRESS STREET ADDRESS SUNRISE, FL 33326 CITY-ST-ZIE SUNRISE, FL 33326 CITY-ST-ZIP ☐ Delete Change MONTERO, EUSTAVO A. NAME NAME BOY SW 160TH AVENUE #232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP SONEISE, FL 33326 REINISERS, TORGE A. Change 1304 SW 160TH AVENUE # 232 SULPISE, FL 33326 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAMÉ MONTERO, GUSTAUO A. 1304 SW 160TH AURUUE #232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FL 33326 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

EINBERLG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 10868

FILED

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