2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070945

FILED Sep 10, 2004 Secretary of State

Entity Name: GLOBAL AMERICAN PRODUCTS AND SERVICES CORPORATION

		OCENTICES CONTINUED		
Current Pri	ncipal Place of Business:	New Principal Place	New Principal Place of Business:	
1591 NE MIAMI GARDENS DR UNIT 214 N MIAMI BEACH, FL 33179			1591 NE MIAMI GARDENS DR N MIAMI BEACH, FL 33179	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
1591 NE MIAMI GARDENS DR UNIT 214 N MIAMI BEACH, FL 33179		214	1591 NE MIAMI GARDENS DR 214 N MIAMI BEACH, FL 33179	
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and A	Address of Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US		214	1591 NE MIAMI GARDENS DR	
The above n in the State	amed entity submits this statement for the p of Florida.	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: RIM RAMOUL			09/10/2004	
	Electronic Signature of Registered Age	ent	Date	
	with s. 607.193(2)(b), F.S., the corporation did no paign Financing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: Address:	PD () Delete RAMOUL, MOURAD 1591 NE MIAMI GARDENS DR UNIT 214 N MIAMI BEACH, FL 33179	Title: Name: Address: City-St-Zip:	() Change () Addition	
	ST () Delete	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: MOURAD RAMOUL PD 09/10/2004

1591 NE MIAMI GARDENS DR UNIT 214

N MIAMI BEACH, FL 33179

Address:

City-St-Zip: