

ANNUAL REPORT (AR)**DOCUMENT # P04000137783**

1. Entity Name

GLOBAL SOLUTIONS UNLIMITED, INC.

**FILED**
Apr 03, 2006 08:00 AM
Secretary of State

1st MOORE

CR2E034 (10/05)

Principal Place of Business

8512 TOURMALINE BLVD
BOYNTON BEACH FL 33437

Mailing Address

8512 TOURMALINE BLVD
BOYNTON BEACH FL 33437

2. Principal Place of Business

8512 SAME

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0199340

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMADO, JUAN A
8512 TOURMALINE BLVD
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when formstate 3)

03-27-06

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2006 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	AMADO, JUAN A	
STREET ADDRESS	8512 TOURMALINE BLVD	
CITY- ST- ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	☐ Delete
NAME	AMADO, JUAN A	
STREET ADDRESS	8512 TOURMALINE BLVD	
CITY- ST- ZIP	BOYNTON BEACH FL 33437	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	100000490857	
CITY- ST- ZIP	04/18/06-R0073-024 158.75	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-06

Date

Daytime Phone #