

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120636

FILED
Apr 10, 2009
Secretary of State

Entity Name: GLOBAL SALES PROFESSIONALS, INC.

Current Principal Place of Business:

17100 COLLINS AVE
#205, 206
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17100 COLLINS AVE
#205, 206
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 20-3398452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYNSHTEYN, DAVID
2221 NE 164TH STREET, #366
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D P () Delete
Name: RAYNSHTEYN, DAVID
Address: 2221 NE 164TH STREET, #366
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S () Delete
Name: MARICHAL, ENRIQUE
Address: 10275 COLLINS AVE. #430
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID RAYNSHTEYN

D P

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date