


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 047 ***150.00

DOCUMENT # P05000145325	
1. Entity Name GLOBAL STRUCTURAL PRODUCT SYSTEMS INC.	

Principal Place of Business 8167 NW 74 AVE MEDLEY FL 33166	Mailing Address 8167 NW 74 AVE MEDLEY FL 33166
--	--

2. Principal Place of Business - No P.O. Box # 8167 NW 74 AVE	3. Mailing Address 8167 NW 74 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MEDLEY FLORIDA	City & State MEDLEY FLORIDA
Zip 33166	Zip 33166
Country	Country

40030010



1st MOORE CR2E034 (10/06)

4. FEI Number 20-3720541	Applied For <input type="checkbox"/> Not Applicable
--------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MIRANDA, MIGUEL A 7020 SW 16TH ST. MIAMI FL 33155
--

7. Name and Address of New Registered Agent Name LUIS R. MORENO Street Address (P.O. Box Number is Not Acceptable) 6504 SW 114 PL UNIT C City MIAMI FL Zip Code 33155
--

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 LUIS R. MORENO	DATE PRESIDENT FEB 12/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
PD MORENO, LUIS R 6504 SW 114 PL UNIT C MIAMI FL 33173	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LUIS R. MORENO	DATE: FEB. 12/07 (786) 5972493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	