


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90227 024 ***150.00

DOCUMENT # P05000150758

1. Entity Name
GLOBAL PROJECT STRATEGY, INC.



Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134
--	--

2. Principal Place of Business 11904 MIRAMAR PARKWAY	3. Mailing Address 11904 MIRAMAR PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIRAMAR, FLORIDA	City & State MIRAMAR, FLORIDA
Zip 33025	Zip 33025
Country	Country



03242006 Chg-P CR2E034 (11/05)

4. FEI Number 86-1154050	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 RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name RIOS, LEOPOLDO G. Street Address (P.O. Box Number is Not Acceptable) 11904 MIRAMAR PARKWAY City MIRAMAR FL Zip Code 33025	

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  **LEOPOLDO G. RIOS** DATE **04/30/2006**

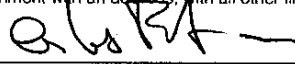
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA, CARLOS E 201 ALHAMBRA CIRCLE, SUITE 711 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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:  **CARLOS E. SOSA** DATE **04/30/2006** Daytime Phone # **(954) 442-8771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR