

FILED
Jun 12, 2006 8:00 am
Secretary of State

404000 4-

DOCUMENT # P05000158955 1. Entity Name GLOBAL SOLUTIONS MORTGAGE, CORP				06-12-2006 90006 006 ***150.00	
Principal Place of Business 650 WEST AVENUE 2209 MIAMI BEACH, FL 33139		Mailing Address 650 WEST AVENUE 2209 MIAMI BEACH, FL 33139			
2. Principal Place of Business 4014 CHASE AVE.		3. Mailing Address 650 West Ave		06072006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. 2209		4. FEI Number 20-4554865	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33140		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33140		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARROUM, MONICA 3215 NE 184TH STREET 14-205 AVENTURA, FL 33160				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P HOFFMANN, LUIS A 650 WEST AVENUE #2209 MIAMI BEACH, FL 33139					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<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:  06/07/06 305-4903115					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					