


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90002 018 ***150.00

DOCUMENT # P06000053816					
1. Entity Name GLOBAL BUILDER'S PROPERTY MANAGEMENT AND MAINTENANCE INC.					
Principal Place of Business 1947 MADISON ST HOLLYWOOD, FL 33020			Mailing Address PO BOX 490751 LAUDERDALE LAKES, FL 33349		
2. Principal Place of Business - No P.O. Box # 2915 JACKSON ST		3. Mailing Address			
Suite, Apt. #, etc. SUITE #1		Suite, Apt. #, etc.			
City & State HOLLYWOOD FLORIDA		City & State		4. FEI Number 57-1235678	
Zip 33020		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, BASIL T 2915 JACKSON ST #505TE 1 HOLLYWOOD, FL 33020			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)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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 PT NAME PHILLIPS, BASIL T STREET ADDRESS 1947 MADISON ST CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE PT NAME PHILLIPS, BASIL T STREET ADDRESS 2850 NW 36 AVE CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME PHILLIPS, NICOLE E STREET ADDRESS SIN W 115 AVE CITY-ST-ZIP PLANTATION, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PHILLIPS, BASIL T JR STREET ADDRESS 2850 NW 36 AVE CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<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: <i>Basil T. Phillips</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BASIL T. PHILLIPS		
			Date 09-08-08		
			Daytime Phone # 754-422-1429		