



FILED
Apr 07, 2008 08:00 A
Secretary of State

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| DOCUMENT # P06000122762 | | Secretary of S | |
| 1. Entity Name G.E.S. NATIONAL REFERRALS, INC. | |  | |
| Principal Place of Business 1550 WEST 84 STM SUITE 58A HIALEAH, FL 33014 | | Mailing Address 1550 WEST 84 STM SUITE 58A HIALEAH, FL 33014 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 04032008 No Chg-P CR2E034 (11/05) | |
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 51-0608785 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| DO NOT WRITE IN THIS SPACE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | |
| 6. Name and Address of Current Registered Agent | | | |
| SAUMELL, GARDENIA 15539 MIAMI LAKESWAY N #101 MIAMI LAKES, FL 33014 | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 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 After May 1, 2008 Fee will be \$550.00 | | 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 | | PST SAUMELL, GARDENIA 15539 MIAMI LAKEWAY N. #101 MIAMI LAKES, FL 33014 | |
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| 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>Gardenia Saumell</i> | | <i>President</i> <i>4/4/2008</i> <i>305-825-4999</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |