

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90018 011 ***163.75

DOCUMENT # P07000016793

1. Entity Name
GLOBAL UNITED CONSULTING SERVICES, INC.



Principal Place of Business
**3 GROVE ISLE UNIT 205
COCONUT GROVE, FL 33133**

Mailing Address
**3 GROVE ISLE UNIT 205
COCONUT GROVE, FL 33133**

50005590

2. Principal Place of Business - No P.O. Box #
1331 Brickell Bay Dr

3. Mailing Address
1331 Brickell Bay Dr

Suite, Apt. #, etc.
APT BL 34

Suite, Apt. #, etc.
APT BL 34

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
U.S.A

Zip
33131

Country
U.S.A

05142008 Chg-P CR2E034 (12/06)

4. FEI Number
02-0800961

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARQUEZ, JOHN
3 GROVE ISLE UNIT 205
COCONUT GROVE, FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$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

TITLE **DPVT** ☐ Delete
NAME **MARQUEZ, JOHN**
STREET ADDRESS **3 GROVE ISLE UNIT 205**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **S** ☐ Delete
NAME **MARQUEZ, JOHN**
STREET ADDRESS **3 GROVE ISLE UNIT 205**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #