


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90018 046 \*\*\*150.00

<b>DOCUMENT # P95000019152</b>	
1. Entity Name <b>GLOBAL EXPORT MANAGEMENT SERVICES, INC.</b>	

Principal Place of Business <b>2722 W. ATLANTIC BLVD SUITE 13 POMPAÑO BEACH FL 33069 US</b>	Mailing Address <b>2722 W. ATLANTIC BLVD SUITE 13 POMPAÑO BEACH FL 33069 US</b>
--	--

2. Principal Place of Business	3. Mailing Address <b>C/O MCCAULEY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>3415 DUNES VISTA DR</b>

City & State <b>Pompano Beach FL</b>	4. FEI Number <b>65-0604728</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
---	------------------------------------	---	--

Zip <b>33069</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---------------------	-----------------------	--	---------------------------------------

6. Name and Address of Current Registered Agent <b>HAVERFIELD, CRAIG M 2826 E. OAKLAND PARK BLVD. SUITE 200 FT. LAUDERDALE FL 33306</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1-1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JEANNE F. MCCAULEY 3415 DUNES VISTA DR. POMPAÑO BEACH FL <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	VT ROBERT P. MCCAULEY 3415 DUNES VISTA DR POMPAÑO BEACH FL <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 exemption stated in Section 119.07(3)(i), 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:** *Robert P. McCauley* **Robert P. MCCAULEY** **2-3-04** **9542606604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #