2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000036046 **DOCUMENT #**

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

GLOBAL SUPPORT CORPORATION						03-10-2003 90167 048 ***150.00).00
Principal Place of Business 142 N.W. 110 WAY POMPANO BEACH FL 33071 Mailing Address 142 N.W. 110 WAY POMPANO BEACH FL 33071 POMPANO BEACH FL 3307							I A rtuer i de Joha and Artu artu	18 111 96 110 1	III. a a tha ab ar	1 810 in 0 121 i no 2
Principal Place of Business 3. Mailing Address										
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF	MAKING	CHANGE	و ماروستون تعر
City & Sta	ate	City & State			4. FEI Number 65-00		FEI Number 65-0666032)666032		Applied For lot Applicable
Zip	Country	Zip		Count	try	5.	Certificate of Status Desired		\$8.75 Ac	dditional
	6. Name and Address of Curren	t Registered	Agent			7. 1	Name and Address of New Reg	istered A	gent	
ALMEIDA, WAGNER 9201 N. CYPRESS CIRCLE					Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 100 MIRAMAR FL 33025					· · · · · ·					
8. The above named entity submits this statement for the purpose of changing its rec									Zip Coo	I
SIGNATURE	Signature, typed or printed name of registered agent ILE-NOW!!!-FEE_IS-\$150,00	,			Agent signature requi		instating) .	DATE		
Make Check	r May 1, 2003 Fee will be \$550.00 C Payable to Florida Department o	1					9:- Election Campaign Finan Trust Fund Contribution.	cing:	\$5.6 Added	May Be d to Fees
10.	OFFICERS AND	DIRECTORS 11.				AD	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 11
CITY-ST-ZIP	SPD ALMEIDA, SUELY 142 N.W. 110 WAY POMPANO BEACH FL 33071		□ Delete	TITLE NAME STREET CITY-S	r address St-zip				□ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS (- ZIP	<u>. </u>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	artify that the information		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP] Change	Addition

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:

SIGNATURED

954-755-9334 3-7-03