

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P98000017249 1. Entity Name GLOBAL PRODUCTION SERVICES, INC. |  |
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| Principal Place of Business 16840 SW 278 ST. HOMESTEAD, FL 33031 | Mailing Address 16840 SW 278 ST. HOMESTEAD, FL 33031 |
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08012007 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 65-0812073 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DELGADO, JORGE
 16840 SW 278 ST.
 HOMESTEAD, FL 33031

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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 _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 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. |
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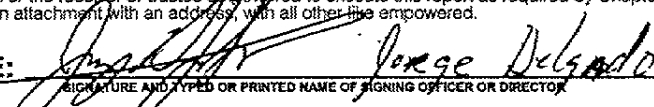
10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, D DELGADO, JORGE 16840 SW 278 ST. HOMESTEAD, FL 33031 |
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 08/03/07-80001-011 150.00

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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 titles empowered.

SIGNATURE:  **Jorge Delgado** 8/1/07 305-281-9034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #