

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S52262

1. Entity Name
GLOBAL SOURCE MANAGEMENT & CONSULTING, INC.



Principal Place of Business
4193 N PINE ISLAND RD
SUNRISE, FL 33351

Mailing Address
4193 N PINE ISLAND RD
SUNRISE, FL 33351

FILED
Sep 11, 2008 08:00 AM
Secretary of State



09042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0350320

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUBIN, JAN STUART
3310 NW 96TH WAY
SUNRISE, FL 33351

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000959538
09/11/08-80002-020 150.00

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 NAME STREET ADDRESS CITY - ST - ZIP	PDT DUBIN, GARY R. 4193 N PINE ISLAND RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 #

9/7/08