


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000007909
 1. Entity Name
GLOBAL INSURANCE, INC.



Principal Place of Business Mailing Address
 2350 W 60TH ST UNIT 1 2350 W 60TH ST UNIT 1
 HIALEAH, FL 33016 HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE



06102005 No Chg-P CR2E034 (10/03)


4. FEI Number Applied For
 65-1070016 Not Applicable

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

6. Name and Address of Current Registered Agent
 RODRIGUEZ, DARLENY
 2350 W 60TH ST UNIT 1
 HIALEAH, FL 33016

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:  DATE: 6-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	P
NAME	RODRIGUEZ, DARLENY
STREET ADDRESS	2350 W 60TH ST UNIT 1
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VP
NAME	RODRIGUEZ, JIUBEL
STREET ADDRESS	2350 W 60TH ST UNIT 1
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369741
 06/27/05-80001-014 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: 6-5-05 Daytime Phone #: 305-828-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR