


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90156 004 \*\*\*150.00

<b>DOCUMENT # P02000027932</b>					
<b>1. Entity Name</b> GLOBALVIEW CORPORATION					
<b>Principal Place of Business</b> 2655 LE JEUNE RD STE 405 CORAL GABLES, FL 33134			<b>Mailing Address</b> 2655 LE JEUNE RD STE 405 CORAL GABLES, FL 33134		
<b>50024345</b>					
<b>2. Principal Place of Business</b> 1348 WASHINGTON AVE. Suite, Apt. #, etc. STE. 264		<b>3. Mailing Address</b> 1348 WASHINGTON AVE. Suite, Apt. #, etc. STE. 264		02282005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> MIAMI BEACH, FL		<b>City &amp; State</b> MIAMI BEACH, FL		<b>4. FEI Number</b> 03-0410516	
<b>Zip</b> 33139		<b>Country</b> DARE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MATURI, HORACIO V 2655 LE JEUNE RD STE 405 CORAL GABLES, FL 33134				<b>7. Name and Address of New Registered Agent</b> Name <b>MATURI, HORACIO V.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1348 WASHINGTON AVE. STE. 264</b> City <b>MIAMI BEACH</b> <b>FL</b> <b>33139</b>	
<b>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.</b> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MATURI, HORACIO W 19418 EAST COUNTRY CLUB DR. AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALLE-FRANCO, MARIA JOSE 18288 COLLINS AVE. SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>			<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small>			<small>Daytime Phone #</small>		