


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90180 026 \*\*\*150.00

**DOCUMENT # P97000068560**

1. Entity Name  
**GLOBAL STRATEGIES ENTERPRISES CORPORATION**



Principal Place of Business      Mailing Address

**403 N.E. 28th Street**      **403 N.E. 28th St.**  
**Miami, FL 33137**      **MIAMI, FL 33137**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04292004      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0778616**       Not Applicable

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

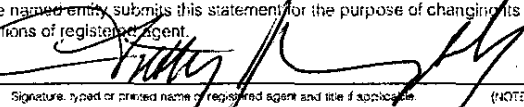
6. Name and Address of Current Registered Agent

**LISETE SALAZAR, ESQ.**  
**240 CRANDON BLVD. # 266**  
**KEY BISCAYNE, FL 33149**

7. Name and Address of New Registered Agent

Name  
**Corporation Company of Miami**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 So. Biscayne Blvd. (HEP)**  
**Miami, FL 33131**  
 City      **FL**      Zip Code **33131**

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: **4/30/04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERNANDO, ALFONSO	
STREET ADDRESS	403 NE 28th Street	
CITY-ST-ZIP	Miami, FL-33137	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALFONSO, ADRIANA	
STREET ADDRESS	403 NE 28th Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **4/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #