


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90202 006 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000068560 ✓

1. Entity Name
GLOBAL STRATEGIES ENTERPRISES CORPORATION



10052595

Principal Place of Business 785 CRADON BLVD 903 KEY BISCAIYNE, FL 33149	Mailing Address 785 CRADON BLVD 903 KEY BISCAIYNE, FL 33149
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2. Principal Place of Business <i>240 Crandon Blvd</i> Suite, Apt. #, etc. <i># 266</i>	3. Mailing Address <i>240 Crandon Blvd.</i> Suite, Apt. #, etc. <i># 266</i>
City & State <i>Key Biscayne FL</i> Zip <i>33149</i> Country <i>US</i>	City & State <i>Key Biscayne FL</i> Zip <i>33149</i> Country <i>US</i>



- CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SALAZAR, LISETTE ESQ
240 CRADON BLVD #266
KEY BISCAIYNE, FL 33149

4. FEI Number
65-0778616

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when electing)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDO, ALFONSO 785 CRADON BLVD #903 KEY BISCAIYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>240 Crandon Blvd #266</i> <i>Key Biscayne FL 33149</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALFONSO, ADRIANA 785 CRADON BLVD #903 KEY BISCAIYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>240 Crandon Blvd #266</i> <i>Key Biscayne FL 33149</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, ADRIANA 201 CRADON BLVD #1232 KEY BISCAIYNE, FL 32149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **2-10-03 305-423-4450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E034 (10/02)