

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59743

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: GLOBAL EXCHANGE, INC.

## Current Principal Place of Business:

9000 WEST SHERIDAN ST  
STE 154  
PEMBROKE PINES, FL 33024 US

## Current Mailing Address:

9000 WEST SHERIDAN ST  
STE 154  
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0357955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

3500 GATEWAY DRIVE  
STE 205  
POMPANO BEACH, FL 33069 US

## New Mailing Address:

3500 GATEWAY DRIVE  
STE 205  
POMPANO BEACH, FL 33069 US

## Name and Address of Current Registered Agent:

ARIBEANA, FRANKLIN O  
GLOBAL EXCHANGE INC  
9000 WEST SHERIDAN ST STE 154  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

ARIBEANA, FRANKLIN O  
GLOBAL EXCHANGE, INC.  
3500 GATEWAY DRIVE, SUITE 205  
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: FRANKLIN O. ARIBEANA

07/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: ARIBEANA, RACHEL O  
Address: 9551 HUDSON STR  
City-St-Zip: MIRAMAR, FL

Title: PD ( ) Delete  
Name: ARIBEANA, FRANKLIN O  
Address: 9551 HUDSON STR  
City-St-Zip: MIRAMAR, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: ARIBEANA, RACHEL O  
Address: 3410 DUNES VISTA DRIVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD (X) Change ( ) Addition  
Name: ARIBEANA, FRANKLIN O  
Address: 3410 DUNES VISTA DRIVE  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN O. ARIBEANA

PD

07/01/2005

Electronic Signature of Signing Officer or Director

Date