

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90044 028 \*\*\*150.00

**DOCUMENT # F01000003408**

1. Entity Name  
GLOBAL NAPS REALTY, INC.



Principal Place of Business  
10 MERRYMOUNT ROAD  
QUINCY, MA 02169

Mailing Address  
10 MERRYMOUNT ROAD  
QUINCY, MA 02169

00000647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

04-3402234

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ADOLFO  
100 SOUTH BISCAYNE BLVD., STE 470  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

James R.J. Scheltens

Street Address (P.O. Box Number is Not Acceptable)

4475 Woodbine Rd

Suite 7

City

Rose

FL

Zip Code

32571

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GANGI, FRANK T  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169 ☐ Delete

TITLE TD  
NAME GANGI, RICHARD  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169 ☐ Delete

TITLE SD  
NAME COUTURE, MICHAEL  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169 ☐ Delete

TITLE D  
NAME COUTURE, MICHAEL  
STREET ADDRESS 10 MERRYMOUNT ROAD  
CITY-ST-ZIP QUINCY, MA 02169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #