
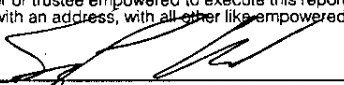


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90059 020 ***150.00

DOCUMENT # F02000000436 1. Entity Name GLOBAL ENTERTAINMENT HOLDINGS/EQUITIES, INC.					
Principal Place of Business 703 WATERFORD WAY STE 690 MIAMI, FL 33131 33126-4676			Mailing Address 703 WATERFORD WAY STE 690 MIAMI, FL 33131 33126-4676		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip 33126-4676 Country			City & State Zip 33126-4676 Country		
4. FEI Number 47-0211483				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBOUD, ABBOUND, BRYAN 703 WATERFORD WAY SUITE 690 MIAMI, FL 33131 33126-4676			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD ABBOUD, BRYAN 703 WATERFORD WAY STE. 690 MIAMI, FL 33126	<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	D STEIN, DAVE 69 WOODLAND RD MAHOPAC, NY 10541	<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	DC GLAZA, THOMAS 370 FALLEN LEAF LANE ROSWELL, GA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6660 HAMPTON ROCK LANE CUMMING, GA 30041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUXAS, JAMES 565 BLACKHAWK CT COLORADO SPRINGS, CO 80919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DOUKAS, JAMES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SNYDER, CLINTON 5401 COLLINS AVE #137 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 523515 MIAMI, FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUTHWAITE, DAVE 58 HUNTER VALLEY CRESCENT KING CITY, ONTARIO L7B1B7 CANADA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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)(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.					
SIGNATURE:  BRYAN ABBOUND 01/05/05 305-374-2036 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					