

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90004 029 ***150.00

DOCUMENT # F02000004261

1. Entity Name
GLOBETEL COMMUNICATIONS CORP.



Principal Place of Business
**9050 PINES BLVD.
SUITE 110
PEMBROKE PINES, FL 33024**

Mailing Address
**9050 PINES BLVD.
SUITE 110
PEMBROKE PINES, FL 33024**



2. Principal Place of Business - No P.O. Box #

**101 N.E. 3rd AVE
Suite, Apt. #, etc.
Ste 1500**

3. Mailing Address

**101 N.E. 3rd Ave
Suite, Apt. #, etc.
Ste. 1500**

04202007 Chg-P CR2E034 (12/06)

City & State
Ft. Lauderdale, FL

Zip
33301

Country
Broward

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Ft. Lauderdale, FL

Zip
33301

Country
Broward

4. FEI Number
88-0292161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
HUFF, TIMOTHY M
9050 PINES BLVD., SUITE 110
PEMBROKE PINES, FL 33024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
MITCHELL, SIEGEL A
9050 PINES BLVD., SUITE 110
PEMBROKE PINES, FL 33024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEYER, CHRISTOPHER KCMG
9050 PINES BLVD., SUITE 110
PEMBROKE PINES, FL 33024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUMAS, J. RANDOLPH
9050 PINES BLVD., SUITE 110
PEMBROKE PINES, FL 33024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEINWARD, JONATHAN
9050 PINES BLVD., SUITE 110
PEMBROKE PINES, FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMAHAN, KYLE
9050 PINES BLVD., SUITE 110
PEMBROKE PINES, FL 33024** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Khoury, Peter
101 N.E. 3rd AVE., Ste. 1500
Ft. Lauderdale, FL 33301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kostro, Przemyslaw
101 N.E. 3rd AVE., Ste 1500
Ft. Lauderdale, FL 33301** ☐ Change ☒ Addition

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

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

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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 #

Director

4-20-07