


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90069 013 ***150.00

DOCUMENT # F99000002311 1. Entity Name GLOBALTRON COMMUNICATIONS CORPORATION					
Principal Place of Business 100 NORTH BISCAYNE BLVD #2500 MIAMI, FL 33132			Mailing Address 100 NORTH BISCAYNE BLVD #2500 MIAMI, FL 33132		
2. Principal Place of Business 100 NORTH BISCAYNE BLVD			3. Mailing Address 100 NORTH BISCAYNE BL		
Suite, Apt. #, etc. 12 FLOOR			Suite, Apt. #, etc. 12 FLOOR		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33132		Country		Zip 33132	
Country		4. FEI Number 65-0900847			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 ECHEVERRY, DARIO 100 N. BISCAYNE BLVD., #2500 MIAMI, FL 33132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO ECHEVERRY, DARIO 100 NORTH BISCAYNE BLVD, 12 FLOOR MIAMI FL 33132
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NAQVI, SYED 100 N. BISCAYNE BLVD., #2500 MIAMI, FL 33132	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIORDANO, LOUIS 100 NORTH BISCAYNE BLVD, 12 FLOOR MIAMI, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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)(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: <u><i>Syed Naqvi</i></u> , CFO SYED NAQVI 1/25/05 305-371-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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