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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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04 JUN 24 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05072004 Chg-P CR2E034 (10/03)

DOCUMENT # F99000006259

1. Entity Name
GLOBAL RISK MANAGEMENT ADMINISTRATION CORP.

Principal Place of Business	Mailing Address
1500 COLLINS AVE., #205 MIAMI BEACH, FL 33139	P.O. BOX 248 1348 WASHINGTON AVE. MIAMI BEACH, FL 33139

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 98-0215610 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANCHESTER, TOM F 1500 COLLINS AVE., #205 MIAMI BEACH, FL 33139	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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PST BLANCHESTER, TOM F 1500 COLLINS AVE., #205 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: Tom F. Blanchester June 5, 04 305-490 1686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment F99000062S9

Tom F. Blanchester
tel +1 305 490 1686
suite 248 / 1348 washington ave
miami beach, FL 33139 USA

S70582 39

Division of Corporations

Doc no. F99000062S9

I have filed on like before May 1, 2004

And now when I called to make sure of the filing it says - "You have a filing on the Que"

Obiously something went wrong so I hereby send this letter and form certified

I would also like a certificate of good standing in return. Thanks

Best regards

Tom F Blanchester

#248

1348 Washington ave

33139 Miami Beach FL