

2004 FOR PROFIT CORPORATION ANNUAL REPORT

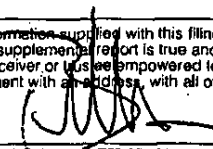
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54058239



05072004 Chg-P CR2E034 (10/03)

DOCUMENT # F99000006259			
1. Entity Name GLOBAL RISK MANAGEMENT ADMINISTRATION CORP.			
Principal Place of Business 1500 COLLINS AVE., #205 MIAMI BEACH, FL 33139		Mailing Address 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 BLANCHESTER, TOM F 1500 COLLINS AVE., #205 MIAMI BEACH, FL 33139		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 registering) 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
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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: 		Date: June 5, 04 305-4901686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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

Attachment F900006259
54058239

Division of Corporations

Doc no. F9000006259

I have filed on line before May 1, 2004

And now when I wanted to make sure of
the filing it says "You have a filing on the
Queue"

Obviously something went wrong so I
hereby send this letter and form with check
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