



FILED

Feb 03, 2005 08:00  
Secretary of State2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|   |  |   |  |  |
|---|--|---|--|--|
| DOCUMENT # H00854   |  |    |  |  |
| 1. Entity Name<br>GLOBAL-BAU, INC.  |  |   |  |  |
| Principal Place of Business<br>POST OFFICE BOX ONE<br>606 BALD EAGLE DRIVE, SUITE 500<br>MARCO ISLAND, FL 34140   | Mailing Address<br>POST OFFICE BOX ONE<br>606 BALD EAGLE DRIVE, SUITE 500<br>MARCO ISLAND, FL 34146 US |   |  |  |
| DO NOT WRITE IN THIS SPACE  |  | <br>01042005    No Chg-P    CR2E034 (10/03) |  |  |
|   |  | 4. FEI Number<br>59-2424917   |  |  |
|   |  | Applied For<br>Not Applicable   |  |  |
|   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                           |  |  |
| 6. Name and Address of Current Registered Agent<br><br>WOODWARD, PIRES & LOMBARDO, P.A.<br>606 BALD EAGLE DRIVE, SUITE 500<br>MARCO ISLAND, FL 33937  |  | DO NOT WRITE IN THIS SPACE  |  |  |
| 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 _____ DATE _____  |  |   |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees               |  |  |
| 10. OFFICERS AND DIRECTORS  |  | DO NOT WRITE IN THIS SPACE  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PS<br>BOEHRINGER, ROLF<br>369 PINE AVENUE<br>NAPLES, FL  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TD<br>BOEHRINGER, ROLF<br>369 PINE AVENUE<br>NAPLES, FL  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   |  |  |
| 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>Rolf Boehringer</u>   |  | ROLF BOEHRINGER<br>DIRECTOR   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date _____ Daytime Phone # _____  |  |  |