2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000021556

1. Entity Name

GLOBAL MINISTRIES OF FLORIDA, LLC



Principal Place of Business

ss Mailing Address

312 S.E. 17TH STREET 2ND FL FT LAUDERDAEL, FL 33316 312 S.E. 17TH STREET 2ND FL FT LAUDERDAEL, FL 33316

FILED Mar 21, 2005 8:00 am Secretary of State

03-21-2005 90538 028 ****61.25

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01242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0665729

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SAAVEDRA, DAMASO W 312 S.E. 17TH STREET 2ND FL FT LAUDERDAEL, FL 33316 DO NOT WRITE

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 applica

MANAGING MEMBERS /MANAGERS

(NOTE: Registered Agent alignature required when reinstating

DATE

Filing Fee is \$50.00 Due by May 1, 2005

	WATANGING INCOME OF THE PROPERTY OF THE PROPER
TITLE	MGR
NAME	VALBRUN, JOSEPH REV
STREET ADDRESS	5420 N STATE ROAD 7
CITY-ST-ZIP	FT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	<u>'-</u>
CETY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	4
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' Street address	·
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the ex-	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED ORLERINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Oaytene Phone #