


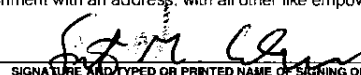


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90036 005 ***158.75

DOCUMENT # M33628 1. Entity Name GLOBAL FINANCIAL MANAGEMENT, INC.					
Principal Place of Business C/O GEORGE M. IRVINE JR 2955 W STATE ROAD 84 FT LAUDERDALE, FL 33312			Mailing Address C/O GEORGE M. IRVINE JR 2955 W STATE ROAD 84 FT LAUDERDALE, FL 33312		
2. Principal Place of Business 2965 W. STATE ROAD 84 Suite, Apt. #, etc.		3. Mailing Address 2965 W. STATE ROAD 84 Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		03182004 Chg-P CR2E034 (10/03) 4. FEI Number 59-2683052	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IRVINE, GEORGE M. JR 2865 W STATE RD 84 #84 FT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name GEORGE M. IRVINE III Street Address (P.O. Box Number is Not Acceptable) 2965 W. STATE ROAD 84 City FT. LAUDERDALE FL Zip Code 33312		
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  GEORGE M. IRVINE III PRES. 4-6-04 <small>Signature typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DC IRVINE, GEORGE M. JR 2955 W.STATE ROAD #84 FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2965 W. STATE ROAD 84	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRVINE, JOAN M. 2965 W.STATE ROAD #84 FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLER, SCOT M 2965 W STATE RD 84 FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT GEORGE M. IRVINE III 2965 W. STATE ROAD 84 FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:  SCOT M. COLLIER 4-6-04 954-587-8400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					