

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012668 1. Entity Name GLOBE TROTTER GROUP CARE, INC.	
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Principal Place of Business 1075 NW 123RD STREET MIAMI, FL 33168	Mailing Address 1075 NW 123RD STREET MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1801591	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SASSINE, M. CLAUDE 1075 NW 123RD STREET MIAMI, FL 33168
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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 _____ Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000947267 06/02/08-80007-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATAILLE, FRANTZ MD 165-27 85TH AVE JAMAICA ESTATES, NY 11432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINCLAIR, ETHEL 28 NW 154TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINTEL'EN, WISLER 1141 NE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.
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SIGNATURE: 	FRANTZ BATAILLE, APRIL 23, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #