

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91024 013 \*\*\*150.00

**DOCUMENT # P00000005573**

1. Entity Name  
GLOBAL DVD, INC.



Principal Place of Business  
3900 NW 79TH AVE  
#219  
MIAMI, FL 33166

Mailing Address  
3900 NW 79TH AVE  
#219  
MIAMI, FL 33166

01001000

2. Principal Place of Business  
15841 Pines Blvd #275  
Suite, Apt. #, etc.

3. Mailing Address  
Same as P.P. of B  
Suite, Apt. #, etc.



03032004 Chg-P CR2E034 (10/03)

City & State  
Pembroke Pines  
Zip FL  
Country 33027

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Pembroke Pines  
Zip FL  
Country 33027

4. FEI Number  
52-2210934  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NILSSON, JAN-OLOF  
3900 NW 79TH AVE.  
MIAMI, FL 33166

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
15841 Pines Blvd #275  
City Pembroke Pines FL Zip Code 33027

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

*Nilsson Jan-Olof*

*4/30/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NILSSON, JAN-OLOF	3900 NW 79TH AVE SUITE 219	MIAMI, FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	15841 Pines Blvd #275	Pembroke Pines - FL	33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

*Nilsson Jan-Olof*

*4/30/04*

*305-251212*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #