2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005810

City-St-Zip:

FILED Mar 29, 2005 Secretary of State

Entity Nai	me: GLOBAL	BUSINESS, CORP.			-		
Current P	rincipal Place	e of Business:	New Pri	New Principal Place of Business:			
9050 PINE SUITE 450 PEMBROR		33024					
Current M	lailing Addres	ss:	New Mai	New Mailing Address:			
9050 PINE SUITE 450 PEMBROR		33024					
FEI Number:	: 65-0982125	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desire	ed ()	
Name and	Address of C	Current Registered Agent:	Name ar	nd Address of	f New Registered Agent:		
C/O BW A 9050 PINE	, NAYARIT ND E BUSINE S BLVD #450 KE PINES, FL	SS ADVISERS INC 33024 US					
	named entity of Florida.	submits this statement for the	purpose of changing	g its registered	d office or registered agent	, or both,	
SIGNATU	RE:						
	Electron	nic Signature of Registered A	gent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (CARRILLO, TA 1938 S CONFE BOCA RATON,	RENCE DR	Title: Name: Address: City-St-Zip	CARRILLO, 3530 MYSTI	C POINTE DR. #3209		
Title:	VPT () Delete	Title:	\/PT	(X) Change () Addition		

CARRILLO, JOSE CARRILLO, JOSE Name: Name: Address: 1938 S CONFERENCE DR Address: 3530 MYSTIC POINTE DR. #3209

BOCA RATON, FL 33486 AVENTURA, FL 33180

City-St-Zip:

Title: Title: () Delete () Change (X) Addition

Name: Name: CARRILLO, JOSE

3530 MYSTIC POINTE DR. #3209 Address: Address:

City-St-Zip: City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TATIANA CARRILLO PD 03/29/2005