


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90057 004 ***150.00

DOCUMENT # P0000021251

1. Entity Name
GLOBAL REALTY INVESTMENT GROUP, INC.



Principal Place of Business
**10002 PRINCESS PALM AVE
 STE 200
 TAMPA, FL 33619**

Mailing Address
**P.O BOX 282
 RIVERVIEW, FL 33568**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01292004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3629155 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
**PEARSON, GLENN J
 10002 PRINCESS PALM AVE, STE 200
 TAMPA, FL 33619**

7. Name and Address of New Registered Agent
 Name
PEARSON, Glenn J.
 Street Address (P.O. Box Number is Not Acceptable)
8413 LAUREL FAIR CIR, Ste 100
 City **Tampa** FL Zip Code **33610**

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 _____

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	PTD	<input type="checkbox"/> Delete
NAME	PEARSON, GLENN J	
STREET ADDRESS	P.O BOX 282	
CITY-ST-ZIP	RIVERVIEW, FL 33568	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	COMINGORE, PAUL C	
STREET ADDRESS	PO BOX 282	
CITY-ST-ZIP	RIVERVIEW, FL 33568	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/6/04** (813) 493-9334
 Daytime Phone #