

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90282 027 ***150.00

DOCUMENT # P00000052724

1. Entity Name

GLOBAL INTERACTIVE GAMERS ALLIANCE, INC.



Principal Place of Business

1520 GULF BOULEVARD, #1507
CLEARWATER FL 33767

Mailing Address

1520 GULF BOULEVARD, #1507
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NADER, RICHARD
1520 GULF BLVD #1507
CLEARWATER FL 33767

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NADER, RICHARD
STREET ADDRESS 1520 GULF BLVD #1507
CITY-ST-ZIP CLEARWATER FL 33767

☐ Delete

TITLE
NAME 1520 GULF BLVD
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE S
NAME MOSS, SUSAN DEBORAH
STREET ADDRESS 1520 GULF BLVD #1507
CITY-ST-ZIP CLEARWATER FL 33767

☐ Delete

TITLE
NAME 1520 GULF BLVD
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD
NAME HAIMES, IAN SAUL
STREET ADDRESS 1914 COVE LANE
CITY-ST-ZIP CLEARWATER FL 33764

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Deborah Moss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04
Date

7275951700
Daytime Phone #