

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 023 ***150.00

DOCUMENT # P00000059579

1. Entity Name
GLOBAL CONSULTING GROUP, INC.



Principal Place of Business

**1000 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

Mailing Address

**1000 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

50043321



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1017713

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOMEZ, RUBEN D
1000 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOMEZ, RUBEN
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900
CITY-ST-ZIP MIAMI, FL 33131

TITLE SD
NAME BAJANDAS, RICARDO
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

RUBEN D. GOMEZ

PRESIDENT

04/19/05

DATE

Daytime Phone #

(305) 374 3026