



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000068461 1. Entity Name GLOBEX CORPORATE CONSULTING, INC.	
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Principal Place of Business 565 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071	Mailing Address 12717 WEST SUNRISE BLVD #420 SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE

	
02052005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-1024878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAPLAN, LISA 12717 W. SUNRISE BLVD. #420 SUNRISE, FL 33323	DO NOT WRITE IN THIS SPACE
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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.

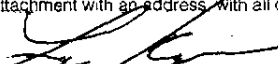
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAPLAN, ROSS 12717 W. SUNRISE BLVD. #420 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KAPLAN, LISA 12717 W. SUNRISE BLVD. #420 SUNRISE, FL 33323
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**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)(f), 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:  **LISA KAPLAN** **2/7/05** **954838 7375**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #