## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # P00000104603 1. Entity Name GLOBE INTERNATIONAL REALTY AND INVESTMENTS. Principal Place of Business Mailing Address 1500 UNIVERSITY DR 1500 UNIVERSITY DR #247 #247 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-1054081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUEVARA, CESAR DO NOT WRITE 1500 UNIVERSITY DR #247 IN THIS SPACE CORAL SPRINGS, FL 33071 8. The above named entity upplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am lamiliar with, and accept eldspilling it evil bee theretelper to emen be (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. TITLE NAME GUEVARA, CESAR 1500 UNIVERSITY DR #247 STREET ADDRESS U00000018513 CORAL SPRINGS, FL 33071 CITY -ST-ZIP 01/28/04-80138-016 150.00 TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-57-73P TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP SIELE NAME

I hereby certify that the information supplied with this filling 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 feport 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 trusted appropriete 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 additional other like empowered.

SIGNATURE:

STREET ACCRESS CITY - ST - ZIP MEE NAME STREET ADDRESS City - St - ZiP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**