

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000038190 1. Entity Name GLOBAL COLONIES HEALTHCARE SYSTEM, CORP.	
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Principal Place of Business 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	Mailing Address 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0453818	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANDSMAN, LISA C ESQ. 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	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.

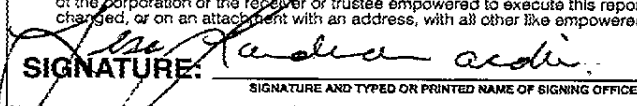
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

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	U00000120721 04/20/04-80021-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANZ, ROY H 12955 BISCAYNE BOULEVARD #202 NORTH MIAMI, FL 33181
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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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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