


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000046994 1. Entity Name GLOBAL REALTY ACQUISITIONS, INC.	
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Principal Place of Business 1551 SANDSPUR RD MAITLAND, FL 32751	Mailing Address 1551 SANDSPUR RD MAITLAND, FL 32751
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01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3718601	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PRICE, DEAN C II  
1551 SANDSPUR RD  
MAITLAND, FL 32751

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GINSBURG, ALAN H 1551 SANDSPUR RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCIARRINO, MICHAEL J 1551 SANDSPUR RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROCK, JAY P 1551 SANDSPUR RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRICE, DEAN C II 1551 SANDSPUR RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS 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: Dean C II 2/6/04 407-741-8540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #