


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90007 031 ***150.00

DOCUMENT # P01000105341	
1. Entity Name GLOBAL RESORTS INC.	

Principal Place of Business SAN SEBASTIAN SQUARE 499 N. SR 434, SUITE #2159 ALTAMONTE SPRINGS, FL 32714	Mailing Address SAN SEBASTIAN SQUARE 499 N. SR 434, SUITE #2159 ALTAMONTE SPRINGS, FL 32714
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94045720



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262004 Chg-P CR2E034 (10/03)

4. FEI Number
62-1870592

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

6. Name and Address of Current Registered Agent	
LUTHRA, VIJAY KUMAR SAN SEBASTIAN SQUARE 499 N. SR 434, SUITE #2159 ALTAMONTE SPRINGS, FL 32714	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, a 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME	LUTHRA, VIJAY KUMAR	NAME	
STREET ADDRESS	SAN SEB. SQ., 499 N SR 434, #2159	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME	LUTHRA, VENN K	NAME	
STREET ADDRESS	300 MAGNOLIA LK DR	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME	REBACK, JEFFREY	NAME	
STREET ADDRESS	188 E 64TH ST #2701	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10021	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Vijay K. Luthra, Pres.** **4/1/04** **407-682-0886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #