


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000110656	
1. Entity Name GLOBALNEX INCORPORATED	

Principal Place of Business 200 S. HOOVER BLDG 215, STE 120 TAMPA, FL 33609	Mailing Address P.O. BOX 10637 TAMPA, FL 33679-0637
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DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3758290	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 GARDNER, MERRITT A 401 EAST JACJSON STREET STE 2650 TAMPA, FL 33602	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 _____

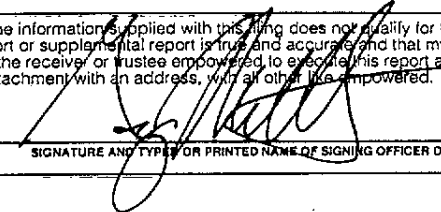
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TROY, BRIAN R 4320 WEST KENNEDY BLVD STE 100 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, GEORGE L 4320 WEST KENNEDY BLVD STE 100 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATISTA, MICHAEL J 4320 WEST KENNEDY BLVD STE 100 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/21/05-80079-023 150.00

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-18-05 Daytime Phone #: 83287-8218