


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P01000120830 1. Entity Name GLOBAL PROACTIVE SOLUTIONS, INC. |  |
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| Principal Place of Business 1230-98TH STREET BAY HARBOR ISLANDS, FL 33154 | Mailing Address 1230-98TH STREET BAY HARBOR ISLANDS, FL 33154 |
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01052005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 01-0561870 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent PIZZORNI, LUIS 1230-98TH STREET BAY HARBOR ISLANDS, FL 33154 |
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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 *[Signature]* LUIS PIZZORNI 4/21/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PIZZORNI, LUIS 1230-98TH STREET BAY HARBOR ISLANDS, FL 33154 |
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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]* LUIS PIZZORNI 4/21/05 305-865-8983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #