

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90024 011 ***158.75

DOCUMENT # P02000021323

1. Entity Name

**GLOBAL INTERNATIONAL LENDING GROUP,
INCORPORATED**



Principal Place of Business

**POST OFFICE BOX 452000
MIAMI FL 33245-2000**

Mailing Address

**POST OFFICE BOX 452000
MIAMI FL 33245-2000**

54005190



MOORE

CR2E034 (11/03)

2. Principal Place of Business

45 MERRICK WAY

Suite, Apt. #, etc.

SUITE 480

3. Mailing Address

P.O. Box 452000

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

MIAMI, FL

4. FEI Number

02-0550750

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

Zip

Country

DADE

Zip

33245

Country

DADE

6. Name and Address of Current Registered Agent

**KARLICK, ARTHUR W JR.
1454 N.W. 17TH AVENUE
SUITE 200
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

N/A

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, 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BORRERO, JESUS ARTURO**
STREET ADDRESS **POST OFFICE BOX 452000**
CITY-ST-ZIP **MIAMI FL 33245-2000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: JESUS A. BORRERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

305461100X

Daytime Phone #

307