


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000041525**  
 1. Entity Name  
 725 GLOBAL BUSINESS, INC.



Principal Place of Business 600 NORTH THACKER AVENUE SUITE A-18 KISSIMMEE, FL 34741	Mailing Address 600 NORTH THACKER AVENUE SUITE A-18 KISSIMMEE, FL 34741
--	--



06152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0589812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ARREDONDO, VICTOR  
 2807 SHERBROOK COURT  
 KISSIMMEE, FL 34743

**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 \_\_\_\_\_  
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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARREDONDO, VICTOR M 2807 SHERBROOK COURT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARREDONDO, YAREMI C 2807 SHERBROOK COURT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000162707  
 06/18/04-80002-012 150.00

**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)(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:** *V. Arredondo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_