

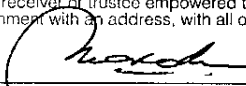


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90011 004 \*\*\*150.00

<b>DOCUMENT # P02000052018</b> 1. Entity Name <b>GLOBAL PROTECTION GROUP, CORP.</b>					
Principal Place of Business <b>780 NW 42 AVE., STE. 420 MIAMI, FL 33126</b>				Mailing Address <b>780 NW 42 AVE., STE. 420 MIAMI, FL 33126</b>	
2. Principal Place of Business <b>1290 WESTON ROAD</b> Suite, Apt. #, etc. <b>306-E3</b>		3. Mailing Address <b>1290 WESTON ROAD</b> Suite, Apt. #, etc. <b>306-E3</b>			
City & State <b>WESTON, FLORIDA</b>		City & State <b>WESTON, FLORIDA</b>		01262004 Chg-P CR2E034 (10/03)	
Zip <b>33326</b>		Country <b>BROWARD</b>		4. FEI Number <b>06-1639820</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MAZZA-MARTINEZ, TANIA A 780 NW 42 AVE., STE. 420 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, JUAN R <input type="checkbox"/> Delete 780 NW 42 AVE., STE. 420 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RODRIGUEZ, JUAN R. 16680 SOUTH POST RD. #202 WESTON, FL 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GUTIERREZ, ELIDA M 780 NW 42 AVE., STE. 420 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUTIERREZ, ELIDA M. 16680 SOUTH POST RD. #202 WESTON, FL 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GUTIERREZ, OSWALDO R 780 NW 42 AVE., STE. 420 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUTIERREZ, OSWALDO R 16680 SOUTH POST RD. #202 WESTON, FL 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RODRIGUEZ, MARIO A. 16680 SOUTH POST RD. #202 WESTON, FL 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			01/26/2004 Date Daytime Phone #		