

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-12-2004 90024 017 ***150.00

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1. Entity Name
GLOBAL MARKETING SUCCESS CORP.

Principal Place of Business
123 NORTH CONGRESS AVENUE #360
BOYNTON BEACH, FL 33426

Mailing Address
123 NORTH CONGRESS AVENUE #360
BOYNTON BEACH, FL 33426

2. Principal Place of Business
5 Sabal Island Dr
Suite, Apt. #, etc.

3. Mailing Address
5 Sabal Island Dr
Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State
Ocean Ridge FL
Zip 33435 Country USA

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Ocean Ridge FL
Zip 33435 Country USA

4. FEI Number
01-0692387
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
KOCHMAN, RONALD S ESQ.
222 LAKEVIEW AVENUE
SUITE 950
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
PTSD
CARSLEY, CHRIS
STREET ADDRESS 123 N. CONGRESS AVENUE, #360
CITY-ST-ZIP BOYNTON BEACH, FL 33426
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5 Sabal Island Dr
CITY-ST-ZIP Ocean Ridge FL 33435
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Chris Carsley 3/4/04 Date Daytime Phone #