


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90057 025 \*\*\*150.00

<b>DOCUMENT # P02000056038</b>	
1. Entity Name <b>GLOBAL ARTS &amp; ENTERPRISE CORPORATION</b>	

Principal Place of Business 15216 LAKES OF DELRAY BLVD., #151 DELRAY BEACH, FL 33484	Mailing Address 15216 LAKES OF DELRAY BLVD., #151 DELRAY BEACH, FL 33484
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**24021276**



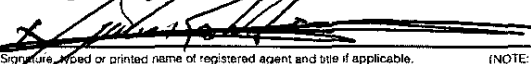
2. Principal Place of Business <b>15072 LAKES OF DELRAY BLVD</b>	3. Mailing Address <b>15072 LAKES OF DELRAY BLVD</b>
Suite, Apt. #, etc. <b>D-133</b>	Suite, Apt. #, etc. <b>D-133</b>
City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33484</b>	Zip <b>33484</b>
Country	Country

03112004 Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0444797</b>	Applied For <input type="checkbox"/> 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 <b>TOBOLSKI, CRISTIANE A</b> <b>15216 LAKES OF DELRAY BLVD., #151</b> <b>DELRAY BEACH, FL 33484</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15072 LAKES OF DELRAY BLVD. # D-133</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33484</b>
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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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>TOBOLSKI, CRISTIANE A</b> <b>15216 LAKES OF DELRAY BLVD #151</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>15072 LAKES OF DELRAY BLVD # D-133</b> <b>DELRAY BEACH, FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOBOLSKI, CRISTIANE A</b> <b>15216 LAKES OF DELRAY BLVD #151</b> <b>DELRAY BEACH, FL 33484</b> <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
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
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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

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