

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000070468

1. Entity Name
GLOBAL FINANCE OF AMERICA, INC.



Principal Place of Business
150 2 AVE N STE 400
ST PETERSBURG, FL 33701

Mailing Address
150 2 AVE N STE 400
ST PETERSBURG, FL 33701



DO NOT WRITE IN THIS SPACE

04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3016732 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

AKSHAY, DESAI M DR
150 2 AVE N STE 400
ST PETERSBURG, FL 33701

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DESAI, AKSHAY
STREET ADDRESS 150 2ND AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

000000332922
04/26/05-80075-022 150.00

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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)(f), 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

DR. A. M. DESAI

4-4-05

(727) 497-3600

Date

Daytime Phone #