

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90035 049 \*\*\*150.00

**DOCUMENT # P02000097427**

1. Entity Name  
**GLOBAL LOSS CONSULTANTS INC.**



Principal Place of Business  
10302 NW S RIVER #3  
3B  
MEDLEY, FL 33178

Mailing Address  
10302 NW S RIVER #3  
3B  
MEDLEY, FL 33178



2. Principal Place of Business

3. Mailing Address

P.O. Box 522531

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-P

CR2E034 (10/03)

City & State

City & State  
Miami FL

4. FEI Number  
55-0801547

Applied For  
Not Applicable

Zip

Country

Zip

33152

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCA, MARYSOL  
10302 NW S RIVER DR #3B  
MEDLEY, FL 33178

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

*(Signature of Marysol Roca)*

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ROCA, MARYSOL  
STREET ADDRESS 8290 LAKE DRIVE #539  
CITY-ST-ZIP MEDLEY, FL 33166

TITLE V.P.  
NAME EDWARD PEREZ  
STREET ADDRESS P.O. Box 522531  
CITY-ST-ZIP MIAMI, FL 33152

TITLE P  
NAME FORTUN, MANUEL P  
STREET ADDRESS 103 NW S RIVER DR #3B  
CITY-ST-ZIP MEDLEY, FL 33178

TITLE P  
NAME MARYSOL ROCA  
STREET ADDRESS P.O. Box 522531  
CITY-ST-ZIP MIAMI, FL 33152

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 fees empowered.

**SIGNATURE:**

*(Signature of Marysol Roca)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #