

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097427

FILED  
Jul 12, 2005  
Secretary of State

Entity Name: GLOBAL LOSS CONSULTANTS INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

10302 NW S RIVER  
SUITE B1  
MEDLEY, FL 33178

## Current Mailing Address:

P.O. BOX 522531  
MIAMI, FL 33152

## New Mailing Address:

10302 NW SOUTH RIVER DR.  
SUITE B1  
MEDLEY, FL 33178

FEI Number: 55-0801547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PHIPPS, COLIN  
10302 NW S RIVER DR  
SUITE B1  
MEDLEY, FL 33178 US

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.

SIGNATURE: COLIN PHIPPS

07/12/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROCA, MARYSOL  
Address: P.O. BOX 522531  
City-St-Zip: MIAMI, FL 33152

Title: VP (X) Delete  
Name: PEREZ, EDWARD  
Address: P.O. BOX 522531  
City-St-Zip: MIAMI, FL 33152

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PHIPPS, COLIN  
Address: 10302 NW SOUTH RIVER DR. SUITE B1  
City-St-Zip: MEDLEY, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN PHIPPS

P

07/12/2005

Electronic Signature of Signing Officer or Director

Date