

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000102433

1. Entity Name
GLOBAL HOSPITALITY SOLUTIONS CORPORATION



Principal Place of Business

**402 VILLAGE LAKE DR
WESTON, FL 33326**

Mailing Address

**C/O CG ACCOUNTING CORP
4101 RAVENSWOOD RD STE 111
FORT LAUDERDALE, FL 33312**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1847622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDIS, DAVID
4101 RAVENSWOOD ROAD STE 111
FORT LAUDERDALE, FL 33312**

**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

Pete Juvelis

4/22/04

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PSTD
JUVELIS, PETER
402 VILLAGE LAKE DR
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**U00000128622
04/26/04-80045-020 150.00**

**DO NOT WRITE
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)(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:

Peter Juvelis

4/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #