


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000103029 |  |
| 1. Entity Name GLOBAL EVENT PLANNERS, INC. | |

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|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business 1250 SW 27 AVE STE 501 MIAMI, FL 33135 | Mailing Address 1250 SW 27 AVE STE 501 MIAMI, FL 33135 |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 13-4227819 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**CARBALLO DE ARIAS, MARICELA
5708 S LEJEUNE RD
CORAL GABLES, FL 33148**

**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 *Maricela Carballo de Arias* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000139921
04/29/04-80141-011 150.00

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARIAS, RUBEN J 5708 S LEJEUNE RD CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ACERO, MARIA J 518 SANTANDER AVE APT 4 CORAL GABLES, FL 33134 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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)(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: *Maricela Carballo de Arias* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #