

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90775 046 \*\*\*160.00

DOCUMENT # P02000106351

1. Entity Name  
GLOBAL FINANCIAL MORTGAGE, INC.



Principal Place of Business  
7501 NW 36TH STREET  
NORTH MIAMI BEACH, FL 33160 US

Mailing Address  
7501 NW 36TH STREET  
NORTH MIAMI BEACH, FL 33160 US



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
46-0501267

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PULGARIN, YESID G  
7501 NW 36TH STREET  
NORTH MIAMI BEACH, FL 33160

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, last name, first name, middle initial and title if applicable. (NOTE: Registered Agent's signature required when registering.)

**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  
D  
PULGARIN, YESID G  
7501 NW 36TH STREET  
NORTH MIAMI BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
D  
ATKINS, JESSICA  
7501 NW 36TH STREET  
NORTH MIAMI BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
D  
SANTANA, NAHUM  
7501 NW 36TH STREET  
NORTH MIAMI BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**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)(c), 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, or on an other file empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name