


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90511 004 ***150.00

DOCUMENT # P03000001946					
1. Entity Name GLOBALVALVE CORP					
Principal Place of Business 13899 BISCAYNE BLVD., #147 NORTH MIAMI BEACH, FL 33181			Mailing Address 13899 BISCAYNE BLVD., #147 NORTH MIAMI BEACH, FL 33181		
2. Principal Place of Business 13899 BISCAYNE BLVD #149		3. Mailing Address 13899 BISCAYNE BLVD			
Suite, Apt. #, etc. #149		Suite, Apt. #, etc. #149			
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH, FL		4. FEI Number 20-0271516	
Zip 33181		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTUSCIELLO, FLOR 12550 BISCAYNE BLVD, # 500 NORTH MIAMI, FL 33181			7. Name and Address of New Registered Agent 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, JESUS MANUEL V <input type="checkbox"/> Delete 13899 BISCAYNE BLVD., #147 NORTH MIAMI BEACH, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, JESUS MANUEL V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13899 BISCAYNE BLVD #149 NORTH MIAMI BEACH FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OVIEDO, EUDO <input type="checkbox"/> Delete 13899 BISCAYNE BLVD., #147 NORTH MIAMI BEACH, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OVIEDO, EUDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13899 BISCAYNE BLVD #149 NORTH MIAMI BEACH FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, MARIA TERESA <input type="checkbox"/> Delete 13899 BISCAYNE BLVD., #147 NORTH MIAMI BEACH, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, MARIA TERESA <input type="checkbox"/> Change <input type="checkbox"/> Addition 13899 BISCAYNE BLVD #149 NORTH MIAMI BEACH FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>E. GARVIA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					