## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P03000006668 1. Entity Name GLOBALTEL TELECOMMUNICATIONS INC. Principal Place of Business Mailing Address 1900 CORPORATE BLVD., SUITE 400 EAST 1900 CORPORATE BLVD., SUITE 400 EAST

**FILED** Sep 09, 2005 8:00 am Secretary of State

09-09-2005 90044 001 \*\*\*450.00

66027109



## DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431

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CR2E034 (10/03)

Daytime Phone #

4. FEI Number Applied For 81-0594488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GROVER, ANGELA C 1828 SALERNO CIRCLE WESTON, FL 33327

**SIGNATURE:** 

BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

No Chg-P

09072005

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 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  Due by September 7, 2005  9. Election Campaign Finan Trust Fund Contribution.		ing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOS, ANGELA 1828 SALERNO CIRCLE WESTON, FL 33327					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAPE, RAFAEL 1828 SALERNO CIRCLE WESTON, FL 33327				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFAEL, ARAPE 1828 SALERNO CIRCLE WESTON, FL 33327			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/				
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.						

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR