

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90003 028 ***150.00

DOCUMENT # P03000009861					
1. Entity Name GLOBAL SIGNS INC.					
Principal Place of Business 2315 NW 27 AVE MIAMI, FL 33142			Mailing Address 2315 NW 27 AVE MIAMI, FL 33142		
2. Principal Place of Business 651 NW 100 St. Suite, Apt. #, etc.		3. Mailing Address 651 NW 100 St. Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">54054623</div>	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 41-2077765	
Zip 33150		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, ORLANDO 2315 NW 27 AVE MIAMI, FL 33142			7. Name and Address of New Registered Agent Name: ORLANDO LOPEZ Street Address (P.O. Box Number is Not Acceptable) 3070 NW 20 ST #2 City: MIAMI FL Zip Code: 33142		
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: 5-3-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MORENO, SANDRA YANETH STREET ADDRESS 2315 NW 27 AVE CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE PD NAME MORENO SANDRA YANETH STREET ADDRESS 3070 NW 20 ST #2 CITY-ST-ZIP MIAMI, FL 33142	<input checked="" 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	
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:			SANDRA YANETH MORENO 04/02/04 (205) 636-3768 PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		