P03000010335

FILED
Apr 18, 2005 8:00 A.M.
Secretary of State

1. Entity Name
GLOBAL WEST USA CORPORATION

Principal Place of Business	Mailing Address
1501 MICHIGAN AVE STE 5 MIAMI BEACH, FL 33139	1501 MICHIGAN AVE STE 5 MIAMI BEACH, FL 33139

03312005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1629553
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENOW, MANFRED ESQ
601 SW 57TH AVENUE
STE B
MIAMI, FL 33144

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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, 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	RUIZ, MARIANO H
STREET ADDRESS	THREE ISLAND AVE #9A
CITY-ST-ZIP	MIAMI BEACH, FL 33139

1501 Michigan Ave #5
Miami Beach Fla
33139

TITLE	ST
NAME	RUIZ, MARIANO H
STREET ADDRESS	THREE ISLAND AVE #9A
CITY-ST-ZIP	MIAMI BEACH, FL 33139

1501 Michigan Ave #5
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CITY-ST-ZIP	

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04/20/05--01008--015 **150.00

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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: _____ 04/01/05 305 538 8975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #