

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000012931 1. Entity Name GLOBAL MEDIA WORKS INC.			
Principal Place of Business 12534 NW 11 LN MIAMI, FL 33182		Mailing Address 12534 NW 11 LN MIAMI, FL 33182	
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____	
4. FEI Number 07062004 Chg-P CR2E034 (10/03)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MEEK, GUIDO V 12534 NW 11 LN MIAMI, FL 33182	
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 <u>N/A</u> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when transferring)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME VAN MEEK, JUAN C STREET ADDRESS 12534 NW 11 LN CITY-ST-ZIP MIAMI, FL 33182	<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
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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: <u>[Signature]</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/25/04</u> Daytime Phone #: <u>305-222-8901</u>	

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