


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

08-19-2004 90054 006 ***150.00

DOCUMENT # P03000035188		
1. Entity Name COMTECH GLOBAL SOLUTIONS, INC.		

Principal Place of Business 2695 N MILITARY TRAIL 22 WEST PALM BEACH, FL 33409 US	Mailing Address 11985 SOUTHER BLVD. 239 ROYAL PALM BEACH, FL 33411 US
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66433287



08102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 779 TAMMAMI TRAIL		3. Mailing Address SAME	
Suite, Apt. #, etc. SUITE 6		Suite, Apt. #, etc.	
City & State PORT CHARLOTTE, FL		City & State	
Zip 33553	Country USA	Zip	Country

4. FEI Number 56-2330173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REBMANN, VICTOR K MR. 116 NOTTINGHAM ROAD ROYAL PALM BEACH, FL 33411 <i>OLD ADDRESS</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  VICTOR REBMANN 9-7-04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT VICTOR REBMANN 11815 SUMMIT BLVD. NORTH PORT, FL 34287</i> <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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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:  08-16-04 561-644-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #