

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90341 044 ***150.00

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1. Entity Name
GLOBAL FIDELITY, CORP.



Principal Place of Business
**2475 BRICKELL AVE
SUITE # 1703
MIAMI, FL 33129**

Mailing Address
**2475 BRICKELL AVE
SUITE # 1703
MIAMI, FL 33129**



2. Principal Place of Business
1155 Brickell bay Drive
Suite, Apt. #, etc.
2109

3. Mailing Address
Same
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
Miami, FL
Zip
33131

City & State
Zip

4. FEI Number
37-1146620
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIETO, CARLOS E
2475 BRICKELL AVE
SUITE # 1703
MIAMI, FL 33129**

7. Name and Address of New Registered Agent

Name
Nieto Carlos E
Street Address (P.O. Box Number is Not Acceptable)
1155 Brickell Bay drive #2109
City
Miami FL Zip Code
33131

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

4-24-04

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	NIETO, CARLOS E	2475 BRICKELL AVE, SUITE 1703	MIAMI, FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Nieto Carlos E	1155 Brickell bay drive #2109	Miami, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

Date

Daytime Phone #