## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000055037

MACHNUK, MARIA E

1357 ROCKY ROAD

KISSIMMEE, FL 34744

Name: Address:

City-St-Zip:

Entity Name: GLOBAL EMPIRE ENTERPRISES, INC.

FILED Sep 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3936 S. SEMORAN BLVD 301 E. PINE STREET SUITE 472-E SUITE 150 ORLANDO, FL 32822 ORLANDO, FL 32801 New Mailing Address: **Current Mailing Address:** 1357 ROCKY ROAD 3936 S. SEMORAN BLVD SUITE 472-E KISSIMMEE, FL 34744 ORLANDO, FL 32822 FEI Number: 33-1059773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CABALLER, LUIS D CABALLER, LUIS D 301 E. PINÉ STREET 3936 S. SEMORAN BLVD SUITE 150 ORLANDO, FL 32822 US ORLANDO, FL 32801 US 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. SIGNATURE: LUIS D CABALLER 09/01/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition CABALLER, LUIS D Name: Name: 3936 S. SEMORAN BLVD #472-E Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MACHNUK, JORGE A Name: 1357 ROCKY ROAD Address: Address: KISSIMMEE, FL 34744 City-St-Zip: City-St-Zip: Title: Title: T/S ( ) Delete () Change () Addition CABALLER, MILDRED M Name: Name: 3936 S. SEMORAN BLVD # 472-E Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS D CABALLER P 09/01/2005