
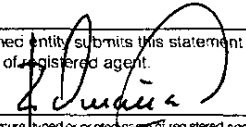
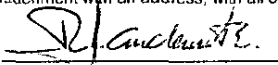


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90030 008 ***150.00

DOCUMENT # P03000061135			
1. Entity Name GLOBAL ANKER INC			
Principal Place of Business BRICKELL BAY DR., SUITE 209 MIAMI, FL 33131		Mailing Address BRICKELL BAY DR., SUITE 209 MIAMI, FL 33131	
2. Principal Place of Business 1155 BRICKELL BAY DR.		3. Mailing Address 260 Crandon Blvd.	
Suite, Apt. #, etc. Suite 1905		Suite, Apt. #, etc. Suite 32 #154	
City & State Miami		City & State Key Biscayne	
Zip 33131	Country USA	Zip 33149	Country USA
6. Name and Address of Current Registered Agent UMANA, JOSE R BRICKELL BAY DR., SUITE 209 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name UMANA, JOSE RODRIGO Street Address (P.O. Box Number is Not Acceptable) 260 CRANDON BLVD. Suite 32 #154 City Key Biscayne FL Zip Code 33149	
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  Jose Rodrigo Umana DATE 2/17/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD UMANA, JOSE R 455 WOODCREST RD. KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO UMANA, JOSE RODRIGO 260 CRANDON BLV. SUITE 32 #154 Key BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORTES, SANDRA BRICKELL BAY DR., SUITE 209 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / S / T RODOLFO SANCLEMENTE 1155 BRICKELL BAY DR., #1905 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" 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
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
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
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:  RODOLFO SANCLEMENTE VP		Date Feb 17, 2004 Daytime Phone # 786-2443204	

94021593



02172004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0097414** ☐ Applied For ☐ Not Applicable

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