## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TY

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Sep 09, 2004 8:00 am Secretary of State **DOCUMENT # P03000065124** 09-09-2004 90009 030 \*\*\*150.00 1. Entity Name GLOBAL 7000, INC. Principal Place of Business Mailing Address **801 WEST BAY DRIVE 801 WEST BAY DRIVE** SUITE 200 SUITE 200 LARGO, FL 33770 LARGO, FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 09022004 Chg-P City & State City & State 4. FEI Number Applied For 04-3763374 Not Applicable Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRESCUE, BERNARD Street Address (P.O. Box Number is Not Acceptable) 801 WEST BAY DRIVE Suite 200 SUITE 601 LARGO, FL 33770 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition PETRESCUE, BERNARD NAME NAME 801 West Bay Drive, Suite 200 801 WEST BAY DRIVE, SUITE 601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LARGO, FL 33770 CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 securate 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 frustee 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.

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