2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079314

1. Entity Name
TIMESHARE GLOBE INCORPORATED

FILED
04 JUN -6 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2753 STATE ROAD 580, SUITE 205 CLEARWATER, FL 33761	2753 STATE ROAD 580, SUITE 205 CLEARWATER, FL 33761

05/03/04 90435 042 $150.00
04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2753 SR580, Suite #205	2753 SR580
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33761 Country USA	Zip 33761 Country USA

4. FEI Number 20-0078208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATOUS, MILAN 3715 LEEDS CT PALM HARBOR, FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: MILAN MATOUS 04/29/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATOUS, MILAN 2753 STATE ROAD 580, SUITE 205 CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, GEORGINA L 2753 STATE ROAD 580, SUITE 205 CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: MILAN MATOUS 04/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #