2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000086730

Entity Name: GLOBETEL MAGIC, INC.

Current Principal Place of Business:

9050 PINES BLVD.
SUITE 110
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9050 PINES BLVD.
SUITE 110
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 71-0934375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINSBURG, STEVEN D ESQ
2601 S BAYSHORE DRIVE STE 1600
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIEGEL, MITCHELL
Address: 9050 PINES BLVD, SUITE 110
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: JIMENEZ, THOMAS
Address: 9050 PINES BLVD, SUITE 110
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: SEROUSSI, JOSEPH
Address: 9050 PINES BLVD, SUITE 110
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: KOSTRO, PRZEMEK
Address: 9050 PINES BLVD, SUITE 110
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: HUFF, TIMOTHY
Address: 9050 PINES BLVD, SUITE 110
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: THOMAS JIMENEZ D 04/29/2005

Electronic Signature of Signing Officer or Director — Date